Learning Collaborative to Address Diabetes Prevention: Approaches to Adapting the National DPP Program for Priority Populations

April 29, 2021
Disclosure

• No Disclosures or conflicts of interest from any of the speakers
Disclaimer

This presentation is supported by cooperative agreement DP-18-1802, funded by the Centers for Disease Control and Prevention (CDC).

Its contents are solely the responsibility of the authors, and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of the Health and Human Services.
• All attendees are in listen-only mode. Please do not put us on hold.

• The webinar is being recorded.

• If you have any questions please type them in the Q and A box and we will address them during the Q/A session.

• ACPM will email attendees the slides, recording of this webinar.
ACPM has received funding from the Division of Diabetes Translation within the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention (CDC) to address prediabetes in vulnerable populations.

ACPM is collaborating with the American Medical Association (AMA) and the Black Women’s Health Imperative (BWHI) to:

– Enhance support for health care organizations to screen, test, and refer high-risk Black and Hispanic women within communities to a CDC-recognized type 2 diabetes prevention program and

– Strengthen community support to improve enrollment and retention in this lifestyle change program.

– The Learning Collaborative was started to keep health systems, community-based organizations, and stakeholder engaged in diabetes prevention.
Poll Question
Miriam Bell
Team Lead
National Diabetes Prevention Program
Center for Disease Control

Virna Diaz
Master Trainer
Black Women’s Health Imperative

Rosana De Jesus
Master Trainer
Black Women’s Health Imperative
Approaches to Adapting the National DPP Program and Curriculum for Priority Populations

Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Miriam T. Bell, MPH, Team Lead, National DPP

April 29, 2021
PREDIABETES

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

1 in 3

More than 8 in 10 adults with prediabetes don’t know they have it

Type 2 Diabetes
Prediabetes
Normal

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

Prediabetes increases your risk of:

- Type 2 Diabetes
- Heart Disease
- Stroke
Evidence-based Intervention

Effects of Diet and Exercise in Preventing NIDDM in People With Impaired Glucose Tolerance

The Da Qing

The New England Journal of Medicine

REDUCTION IN THE INCIDENCE OF TYPE 2 DIABETES WITH LIFESTYLE INTERVENTION OR METFORMIN

DOI: 10.2337/diabetes.49.2.209

ARTICLE

The Indian Diabetes Prevention Programme shows that lifestyle modification and metformin prevent type 2 diabetes in Asian Indian subjects with impaired glucose tolerance (IPGDR).

Prevention of type 2 diabetes by lifestyle intervention: a Japanese trial in IGT males

Kinosi Kosaka, Mitsuhiro Noda, Takeshi Kuzuya

Review article

Behavioral strategies in diabetes prevention programs: A systematic review of randomized controlled trials

Michael K. Rober, Kevin Simmons, Bradley I. Lloyd

The New England Journal of Medicine

PREVENTION OF TYPE 2 DIABETES MELLITUS BY CHANGES IN LIFESTYLE AMONG SUBJECTS WITH IMPAIRED GLUCOSE TOLERANCE


The long-term effect of lifestyle interventions to prevent diabetes in the China Da Qing Diabetes Prevention Study: a 20-year follow-up study


Summary

Background: Lifestyle interventions can reduce the incidence of type 2 diabetes in people with impaired glucose tolerance. However, long-term data from these trials are needed to confirm the potential of clinical significance, and whether such interventions reduce the risk of cardiovascular disease (CVD) and mortality is unclear. We aimed to assess whether lifestyle interventions have a long-term effect on the risk of diabetes, diabetes-related macrovascular and microvascular outcomes, and mortality.

Methods: The China Da Qing Diabetes Prevention Study was a randomized, controlled trial (ISRCTN86063586). Participants randomly assigned to either lifestyle intervention (n = 5,300) or control (n = 5,250). Follow-up examinations were conducted at 3, 5, 10, and 20 years. The main outcome was diabetes, defined as a fasting plasma glucose concentration of ≥7.0 mmol/L, a random plasma glucose concentration of ≥11.1 mmol/L, or a 2-hour plasma glucose concentration of ≥14.0 mmol/L during an oral glucose tolerance test.

Results: The median follow-up was 19.6 years. During this period, 5,277 (39.1%) participants developed diabetes in the lifestyle intervention group and 5,082 (35.6%) participants in the control group. The incidence of diabetes was lower in the lifestyle intervention group than in the control group (hazard ratio, 0.91; 95% CI, 0.84-0.99; p = 0.02). The lifestyle intervention was associated with a reduction in the risk of mortality (hazard ratio, 0.75; 95% CI, 0.62-0.90; p = 0.004) and cardiovascular mortality (hazard ratio, 0.74; 95% CI, 0.57-0.95; p = 0.02).

Conclusions: Lifestyle interventions can reduce the incidence of diabetes and mortality in people with impaired glucose tolerance.
National Diabetes Prevention Program

Largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!
Overview of the National Diabetes Prevention Program

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

- Build a workforce that can implement the lifestyle change program effectively
- Ensure quality and standardized reporting
- Deliver the lifestyle change program through organizations nationwide
- Increase referrals to and participation in the lifestyle change program

[Link to CDC Diabetes Prevention Program](https://www.cdc.gov/diabetes/prevention/index.html)
National DPP
Strategic Goals
National DPP Strategic Goals
There are four strategic goals around scaling and sustaining the National DPP:

- **Coverage & Reimbursement**: Increase coverage and reimbursement for participants.
- **Quality Programs**: Increase the supply of quality programs.
- **Referrals**: Increase referrals from healthcare providers.
- **Demand From Participants**: Increase demand for the National DPP among eligible participants.
National DPP Strategic Goals

Increasing the number of people who receive the National DPP lifestyle change program as a covered benefit is a pivotal part of scaling the program.

- Increase the supply of quality programs
- Increase demand for the National DPP among eligible participants
- Increase coverage and reimbursement for participants
- Increase referrals from healthcare providers
- Increase referrals from healthcare providers
Increase the Supply of Quality Programs

CDC-Recognized Organizations Across the U.S.

CDC Diabetes Prevention Recognition Program: April 2021
Elements of the National DPP Lifestyle Change Program

**PROGRAM GOAL:** Help participants make lasting behavior changes such as eating healthier, increasing physical activity, and improving problem-solving skills

**PARTICIPANT GOAL:** Lose 5 – 7% of body weight

**Example modules covered in core curriculum:**

- Eat Well to Prevent T2
- Burn More Calories Than You Take In
- Manage Stress
- Keep Your Heart Healthy

**Sessions facilitated by a trained lifestyle coach**
**PreventT2 Curriculum**

CDC released the new *PreventT2* curriculum in March 2016 (in both English & Spanish).

**Curriculum Features**

- **Designed for Success**: Designed based on lessons learned from the previous curriculum (lower literacy level, more graphics)
- **Flexibility**: Recommended sequence of modules for the first 6 months, and then a variable structure for the next 6 months depending on participant needs
- **Spanish Translation**: A “culturally relevant” translation of the English version

Creating an Alternate Curricula: A Few Tips

- Have a good understanding of the DPRP Standards and Operating Procedures
  - Intensity
  - Duration

- Align with the goals of the National DPP

- Provide the evidence

- Provide Participant and Facilitator Materials
National DPP Customer Service Center
NationalDPPCSC.cdc.gov

Purpose: Provide a hub for resources, training, and technical assistance for CDC-recognized program delivery organizations and other National DPP stakeholder groups

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

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

Provide Feedback and Input
- Submit feedback on your satisfaction with the technical assistance, resources, and web-based platform
- Share success stories and suggest additional resources
What You Can Do...

01/ **RAISE AWARENESS** of prediabetes and the National DPP
   • [www.cdc.gov/diabetes/prevention/prediabetes-type2](http://www.cdc.gov/diabetes/prevention/prediabetes-type2)

02/ **REFER PEOPLE** at risk to a CDC-recognized lifestyle change program
   • [www.cdc.gov/DDT_DPRP/Programs.aspx](http://www.cdc.gov/DDT_DPRP/Programs.aspx)

03/ **OFFER THE PROGRAM** by becoming a CDC-recognized organization
   • [www.cdc.gov/diabetes/prevention/lifestyle-program](http://www.cdc.gov/diabetes/prevention/lifestyle-program)
Thank You!

Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
www.cdc.gov/diabetes

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Poll Question
Effectively Adapting the National DPP Curriculum to prevent diabetes in the Hispanic/Latinx Community

Virna Diaz & Rosana De Jesus
IMHC Spanish Speaking Master Trainers and Lifestyle Coaches
WHO IS THE HISPANIC/LATINX COMMUNITY?

Latino
Includes Brazil. Does not include Spain.

Hispanic
Includes Spain. Does not include Brazil.
UNDERSTANDING HISPANIC/LATINX COMMUNITY IN USA

SPANISH SPEAKING COUNTRIES ON A MAP
GEOGRAPHIC DISTRIBUTION OF HISPANIC/LATINX IN USA

- Cultural
- Food habits
- Vocabulary

65 of every 100 Hispanic/Latinx individuals are Mexican

<table>
<thead>
<tr>
<th>Largest Hispanic/Latinx Populations living in US Number of People</th>
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<tbody>
<tr>
<td>Mexicans: 36,634,000</td>
</tr>
<tr>
<td>Puerto Ricans: 5,614,000</td>
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<tr>
<td>Salvadorans: 2,307,000</td>
</tr>
<tr>
<td>Cubans: 2,298,000</td>
</tr>
<tr>
<td>Dominicans: 2,067,000</td>
</tr>
<tr>
<td>Guatemalians: 1,444,000</td>
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<td>Colombians: 1,246,000</td>
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<td>Hondurans: 940,000</td>
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<td>Spaniards: 810,000</td>
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<td>Ecuadorians: 738,000</td>
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<td>Peruvians: 679,000</td>
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<tr>
<td>Nicaraguans: 464,000</td>
</tr>
<tr>
<td>Venezuelans: 421,000</td>
</tr>
<tr>
<td>Argentineans: 278,000</td>
</tr>
<tr>
<td>Panamanians: 210,000</td>
</tr>
</tbody>
</table>

STRENGTHS USED TO ENGAGE AND ENROLL PARTICIPANTS IN
CHANGE YOUR LIFESTYLE. CHANGE YOUR LIFE PROGRAM (CYL²)

1. Presentations to the leaders of community sites
2. Presentations to the community leading to interviews with participants to complete intake forms
3. Promotions in Spanish
4. Follow Up Calls and Invitations to Health Fairs
5. Health Fair
6. Partnerships, On-going Collaboration and Community Resources
IMPORTANCE OF HEALTH FAIRS

• Identify future participants

• Educate potential participants about importance of preventing diabetes

• Determine best days and times for them to attend the program

• Introduce lifestyle coaches

• Inform them the program is free of charge to them
BARRIERS FOR THE COMMUNITY

- Transportation
- Language (e.g., Food Labels, etc.)
- Lack of health insurance
- Safe place for physical activity
- Healthy food expense
- Insecure neighborhoods
- Weather
- Low literacy
- Measurement system
HEALTH IMPACT

- Work is a Priority
- Lack of Insurance
- Misunderstanding of the health system in USA
- Immigration Status
- Food Habits
- Cultural Beliefs
- Poverty
ESSENTIALS TO SUCCESSFULLY KEEPING PARTICIPANTS ENGAGED

- Great customer service—Participants are the most important part of the program!

- Adapt the space to reflect their culture and protect their comfort.

- Always show and make them know the lifestyle coach cares via text, calls, etc.
CULTURALLY ADAPTED ACTIVITIES

PICNIC

PHYSICAL ACTIVITY

COOKING CLASS
HEALTH FAIRS

OTHER ACTIVITIES
PANDEMIC EFFECTS

Factors

• Fear
• Lack of Internet
• Low/No Tech Skills
• Lost jobs
• Financial Burdens
• Not allow to go out
• Infected by Covid-19
• Zoom

Solutions

• Individual Calls
• Face Time
• Videos Recorders
• Send or Drop off Materials
• WhatsApp
• Zoom
PARTICIPANTS REVIEWS AND TESTIMONIES

• “The most important thing I noticed was I was aware how I ate and made good choices. I feel more energized when I lost weight. My family also had benefit of me doing this program. We all are eating healthier and feeling much better.” Cristy

• “When I joined the program in December 2019, I did it because I had to bring my husband to do it. In the week # 12, I made my goal and lost 14 pounds by April 2020. I lost 46 pounds by March 2021 because I continued doing all the tools that I learned during the program. I feel healthy and I can not begin my day without physical activity.” Maria

• “I decided to take the program because my A1C was 6.3. When I finished the program, I went to the doctor to have my annual check. I got my results and my A1C was 5.9 and I immediately sent a text message to my Lifestyle coach to share the result. I was so happy and thanks to this program I feel healthy now.” Jose

• “I made my goals during the program but the most important things in the program are the Lifestyle coaches. They became my health friends.” Martin
BWHI CYL² Lifestyle Change Program Goes Virtual

• Virtual Lifestyle Change Program
  • BWHI became an approved CDC-recognized distance learning provider
  • Our curriculum—culturally tailored for Black women—was also approved by CDC

• Developed the new BWHI app:
  • Virtual classes
  • Public health communities
  • Private support communities
  • Partnered with AARP to test virtual program in 4 cities
  • Search “BWHI” to download
All About The BWHI App

• Virtual CYL² Classes
• Public Communities
• Live Events
• Health and Wellness Content
Questions?

Thank you!

Virna Diaz & Rosana De Jesus
Additional Resources:

1. ACPM: [https://www.acpm.org/initiatives/diabetes-prevention/](https://www.acpm.org/initiatives/diabetes-prevention/)
2. BWHI: [https://bwhi.org/change-your-lifestyle-cyl2/](https://bwhi.org/change-your-lifestyle-cyl2/)
3. AMA: [https://amapreventdiabetes.org/](https://amapreventdiabetes.org/)