

NATIONAL DIABETES PREVENTION PROGRAM (NDPP) IN VIRGINIA

SUMMARY REPORT

**SURVEY/INTERVIEWS
OF NDPP COORDINATORS
MAY 2018**

Joyce Green Pastors, MS, RD, CDE
Consultant, Virginia Center for
Diabetes Prevention and Education



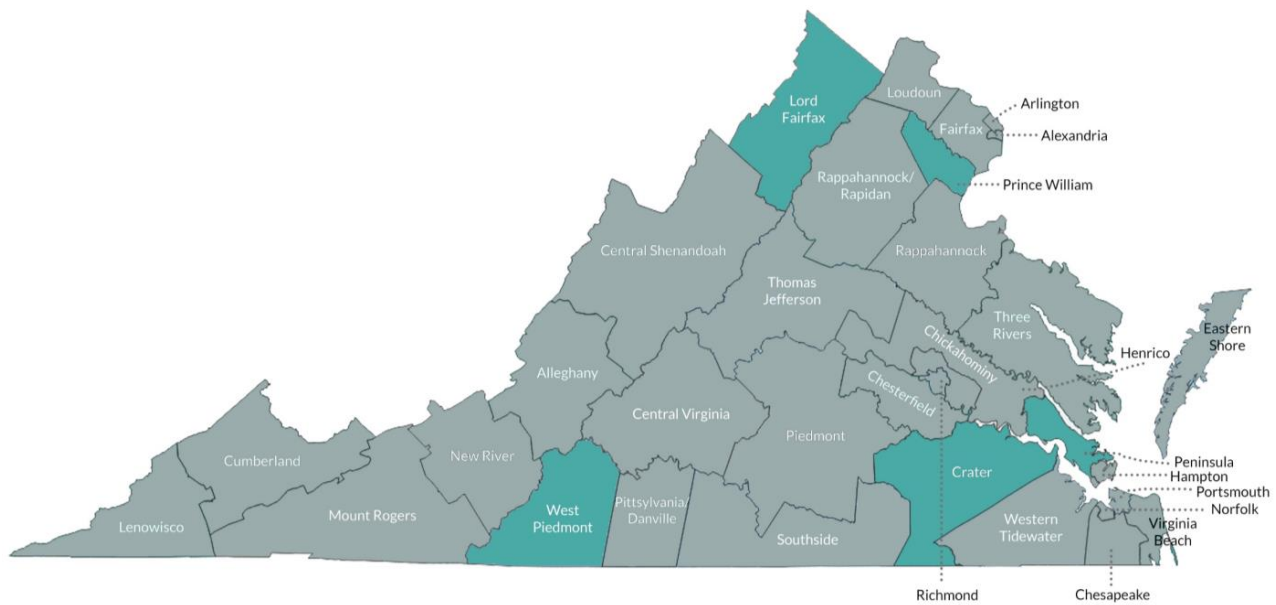
VDHLiveWell.com

Background of CDC's National Diabetes Prevention Program and Virginia Initiatives

In 2010, the U.S. Congress authorized the CDC to establish the National Diabetes Prevention Program (NDPP) with the goal of building capacity for diabetes prevention program in a variety of settings nationwide.¹ CDC awarded \$6.75 million in 2012 under Prevention and Public Health funds (termed CDC DP12-1212 funding) to expand the reach of NDPP using different models to develop the NDPP.² Awards were granted to six organizations including: *American Association of Diabetes Educators, America's Health Insurance Plans, Black Women's Health Imperative, National Association of Chronic Disease Directors, United Healthcare and Optum Health Care Solutions, and Y's of the USA.*

In 2013, CDC awarded grant funding (termed CDC DP13-1305 funding) to all 50 states to raise awareness among those at risk of prediabetes and increase referrals to CDC-recognized lifestyle change programs.² Virginia was allocated over \$900,000 annually for five years to pursue these efforts. Again in 2014, CDC awarded grant funding (termed CDC DP14-1422 funding) to 17 state health department and four cities to expand on the previous funding and specifically, to enroll high-risk populations in the CDC-recognized lifestyle change programs.² The Virginia Department of Health (VDH) received \$1.3 million and funding was given to five health districts (*Crater, Lord Fairfax, Portsmouth, Prince William, and West Piedmont*) to support these initiatives (Figure 1).

Figure 1. VDH Health Districts with 1422 Funding



CDC's NDPP Diabetes Prevention Recognition Program

In 2014, the CDC established a process and in 2015, published guidelines for a Diabetes Prevention Recognition Program (DPRP) to assure quality and adherence to proven standards, to maintain a registry of such organizations, and to provide technical assistance to local sites.

The first step in the process is to submit an online application for *pending recognition*. This is a relatively simple process of identifying the name and contact person for the organization, identifying the program curriculum to be used, using trained lifestyle coaches as facilitators, and agreeing to comply with recognition requirements, including submission of data. The data that is required for submission to achieve *full program recognition* includes: maintenance of 5% weight loss, tracking of physical activity, and attendance at weekly and biweekly sessions during and first six months of the program and monthly sessions during the remaining six months.

In January of 2018, the CDC published new guidelines for the DPRP ⁴. The significant changes that were made to the process include submission of data every 6 months instead of annually and the addition of a new category of recognition termed *preliminary recognition*. In order to achieve preliminary recognition, the program site must submit data and successfully meet the recognition requirements as outlined above at 12 months. Full program recognition is achieved after submission data successfully meets the requirements at 24 months.

Rationale for Survey to NDPP Program Coordinators in Virginia

On an annual basis, CDC submits NDPP program outcome data to state health departments with aggregate report data for all local diabetes prevention programs who have achieved CDC-pending, preliminary, or full-recognition status. The table below represents the report for the state of Virginia sent to the VDH for each quarter of 2017, as compared to national averages. While this information is helpful for the state, it only tells a small piece of the story of the landscape of diabetes prevention in Virginia.

Table 1. NDPP Outcome Data

Virginia	January	April	July	October	TOTAL (nation)
# of recognized organizations	23	30	31	35	1,557
# participants	980	1,040	1,043	1,919	150,726
# (%) of completers	70 (7%)	114 (11%)	156 (15%)	259 (13.5%)	34,157 (23%)
Average % weight loss among completers	2.9%	3.0%	3.6%	3.7%	4.3%

In early 2016, the VDH provided a subcontract to the Virginia Center for Diabetes Prevention and Education (VCDPE) at the University of Virginia to develop a strategic plan for diabetes prevention in the state. The VCDPE conducted interviews with health plan providers, healthcare organizations, insurers, health districts, and others to assess current diabetes prevention efforts. The strategic plan, “Preventing Diabetes in Virginia”, was completed in January 2017 and is now available at: <https://med.virginia.edu/vcdpe/diabetes-preventionprograms/>.

Also in 2016, the VCDPE assisted the VDH, in partnership with the National Association of Chronic Disease Directors (NACDD) to conduct a State Engagement Meeting with the goal of providing stakeholders in Virginia with technical assistance to scale and sustain the NDPP. Many of the stakeholders that were interviewed for the formative assessment of the strategic plan attended this meeting and expressed interest in getting involved to increase awareness of prediabetes and to increase referrals to NDPP sites in Virginia.

The Virginia Diabetes Council (VDC), a statewide 501c3 organization of diabetes stakeholders, serves as the advisory group to VDH for the work being done in diabetes prevention and control in Virginia. The VDC is serving as the coordinating group to implement the priorities outlined in the *Preventing Diabetes in Virginia Strategic Plan*. The VDH, VCDPE, and the VDC have now partnered together to accomplish goals and objectives outlined in this plan, which includes building and sustaining NDPPs throughout Virginia.

The VCDPE received funding from the VDC from 2017 to 2018 to survey NDPP Program Coordinators in Virginia to gather additional outcome data from program sites and to determine what additional technical assistance and program support is needed that could be provided on a state-wide basis.

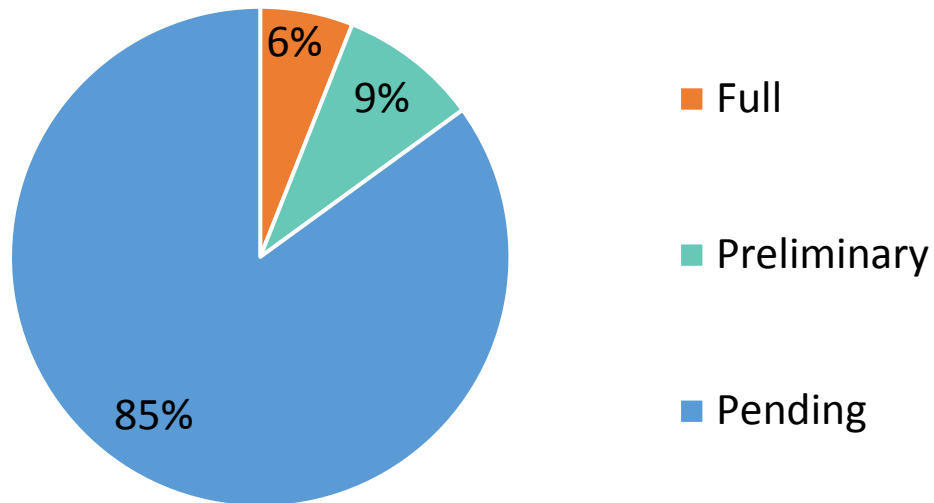
Appendix 1 includes a copy of the e-mail announcement that was sent to all program coordinators in January 2018, and Appendix 2 includes a printed copy of the survey that was distributed online using Survey Monkey.

The survey was distributed to all 35 known CDC-recognized programs in mid-January 2018. A total of seven survey responses were received, even after a second e-mail reminder. In order to gather additional data for all NDPP programs in Virginia and to make a personal connection with program coordinators, phone interviews were scheduled with the remaining programs which were conducted in March through April of 2018. By the end of April, nine additional programs had become CDC-recognized, making a total of 44 programs. Information from all but two programs (no response was received) was gathered and is included in this summary report. In May of 2018, two additional programs were added to the CDC registry as completing pending recognition, now making a total of 46 programs with CDC-recognition in Virginia.

CDC Recognition Status and Date Ranges for NDPP's in Virginia

In Virginia, as of June 1, 2018, there are three programs with Full Recognition status (Angels of Mercy Free Clinic, Bernard Healthcare Center – Free Clinic of Franklin County, and YMCA Hampton Roads District), four with Preliminary Recognition (Huntington Ingalls Industries Family Health Center, Sentara RMH Medical Center, St. Mary's Health Wagon, and Virginia Cooperative Extension), and 39 with Pending Recognition (Figure 2).

Figure 2. Recognition Status of NDPP Programs in Virginia (N = 46)

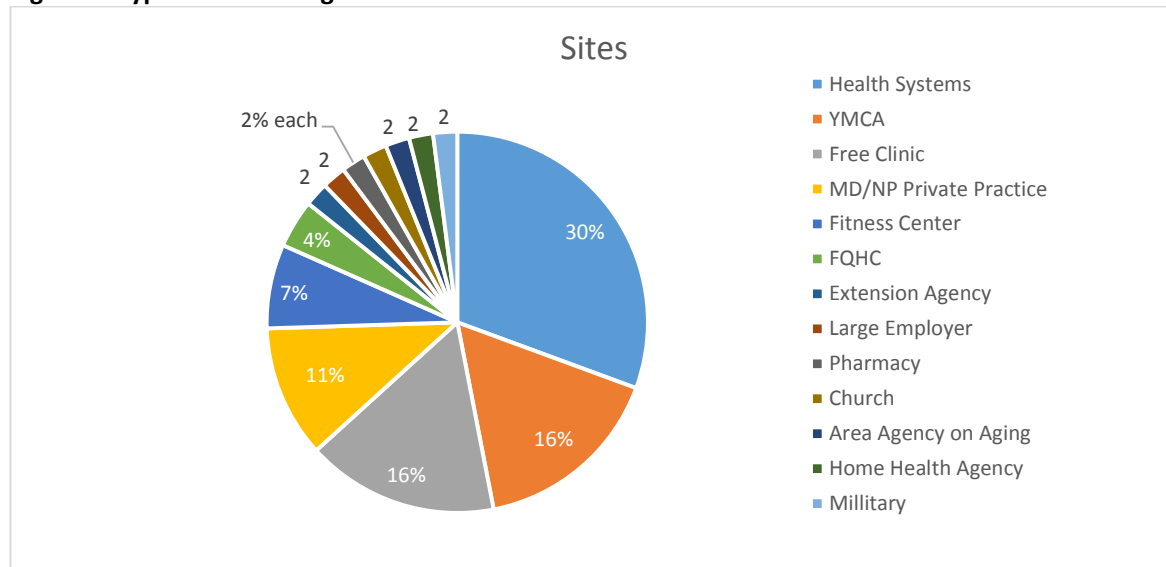


The first site to achieve CDC-pending recognition in Virginia was the Angels of Mercy Free Clinic in September 2014 and the two new sites achieving CDC-pending recognition in May 2018 were a health system, (Valley Health Warren Memorial Hospital in Front Royal, VA) and an African-American faith-based initiative emphasizing diabetes in a five-state area of the Southeast (The Balm in Gilead in Richmond, VA).

Type of CDC-Recognized Sites in Virginia

Prior to the Virginia State Engagement Meeting and the development of the Diabetes Prevention Strategic Plan in 2016, there were only 8 CDC-recognized sites in Virginia with the majority being in community sites because of grant funding available through 1305 and 1422 grant funding from CDC and distributed through state health departments. The five health districts that received funding in Virginia developed partnerships with primarily YMCA's, Free Clinics, and the VA Cooperative Extension Agency. There has been almost a nine-fold increase (from 5 to 46) in new sites since that time, with the biggest growth being implementation in health systems throughout the Commonwealth of Virginia. Figure 3 shows the distribution of the NDPP in various sites in Virginia, with the largest percentage of NDPP's being located in health systems (30%), YMCA's (16%), and Free Clinics (16%).

Figure 3. Type of CDC-Recognized Sites



Explanation of Regional YMCA CDC-Recognized Sites and Individual NDPP Sites

Although Figure 3 indicates a large growth of NDPP's in health system sites, an explanation is necessary for the growth at YMCA sites. The YMCA's Diabetes Prevention Program is part of the Centers for Disease Control and Prevention-led National Diabetes Prevention Program and is nationally supported by the Diabetes Prevention and Control Alliance. The Virginia Alliance of YMCAs are organized and managed in service areas. The YMCAs of Virginia are offering the YMCA's DPP in eight service areas (Alleghany Highlands, Peninsula Metropolitan, Rappahannock Area, Southside Virginia, Central Virginia, Greater Richmond, Metropolitan Washington, and South Hampton Roads). As of 2018, five of these YMCA districts have received CDC-pending recognition (Peninsula, Rappahannock, Central Virginia, Greater Richmond, and South Hampton Roads) for their YMCA's Diabetes Prevention Programs. Through these service areas, the Y is able to serve 65 counties and municipalities in the Commonwealth through individual program locations, with cohorts in various stages of the year-long program. In 2019, the Virginia Alliance of YMCAs will expand program reach by offering Medicare reimbursement and support for underserved communities within the Commonwealth. Figure 4. shows a state map of the location of Y-NDPP programs in Virginia as of 2018.

Figure 4. Y-NDPP Locations in Virginia

National Diabetes Prevention Programs in Virginia, 2018

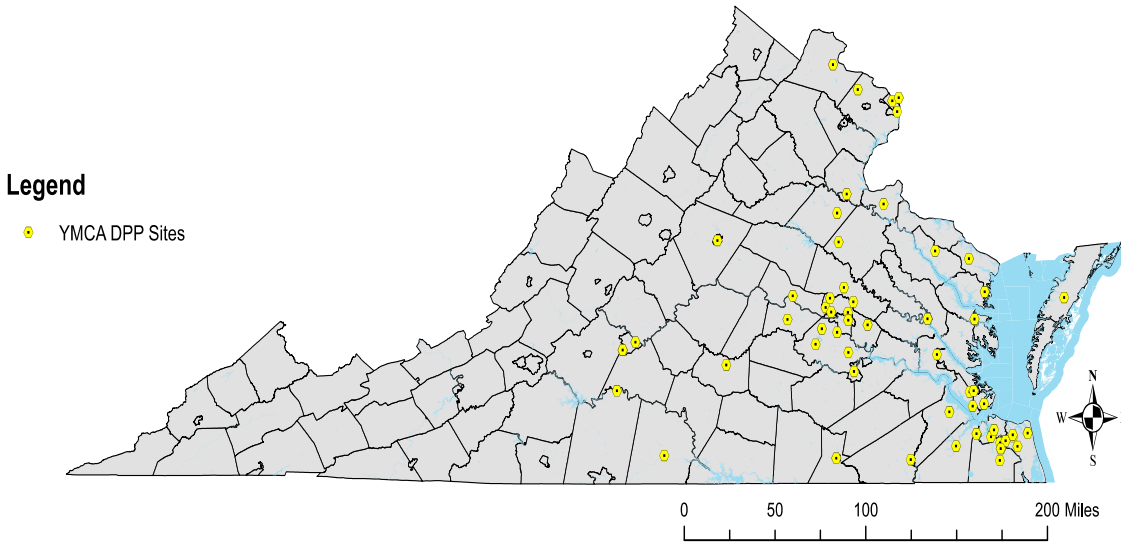
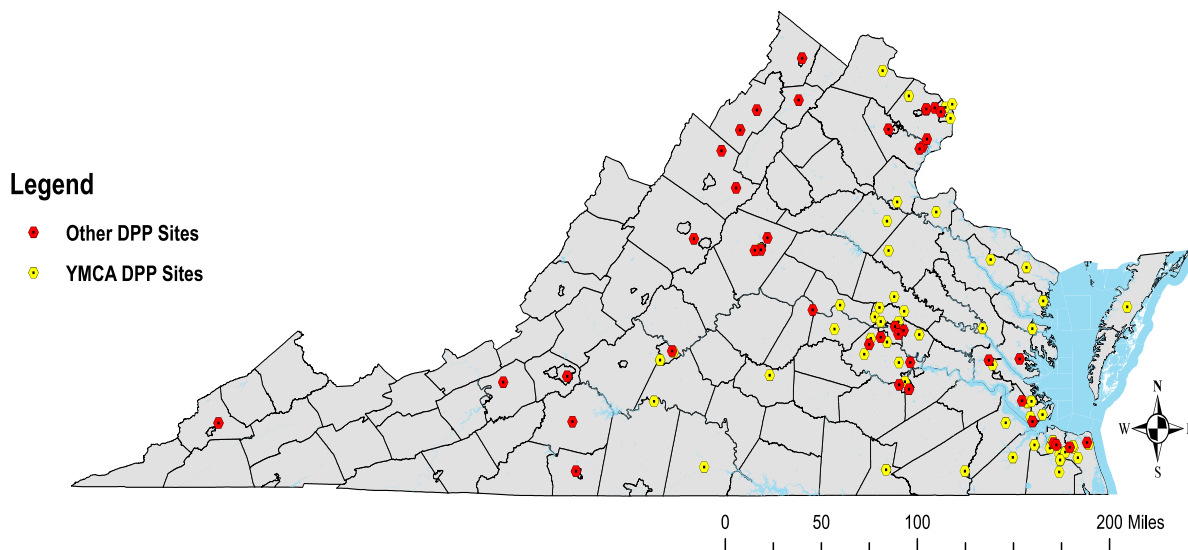


Figure 5 contains a combined state map of all the NDPP's in Virginia, differentiated by YMCA location or other program location.

Figure 5. All NDPP Locations in Virginia (N = 46)

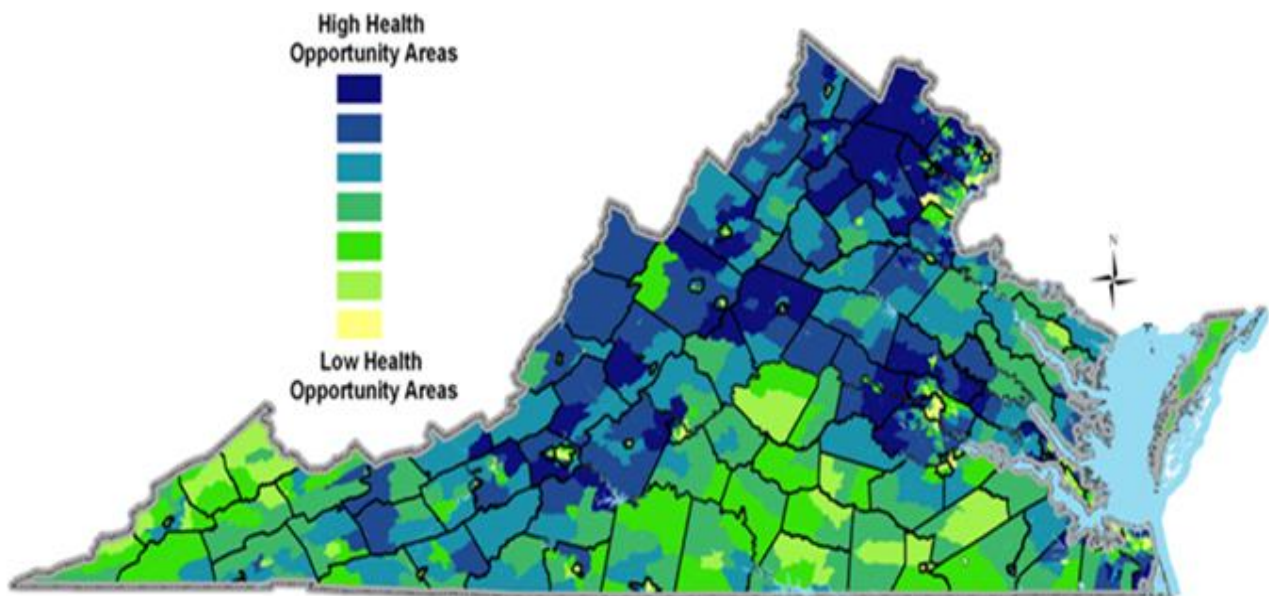
National Diabetes Prevention Programs in Virginia, 2018



Geographical Area

One of the questions in the statewide NDPP survey asked is, “In what type of geographical area does your program reside – urban, suburban, or rural?”. Upon further review of definition of these terms, which is complicated with population size and type of geographical area, it was decided that the best way of reporting this information was to use the rural/medically underserved designation as defined by VDH – Office of Minority Health and the Federal Government – HRSA (Health Resources and Service Administration). Figure 6 represents health opportunity shortage areas by geographical area – primarily the Southwest, South Central, and Eastern Shore regions of Virginia.

Figure 6. Low Health Opportunity Areas of Virginia



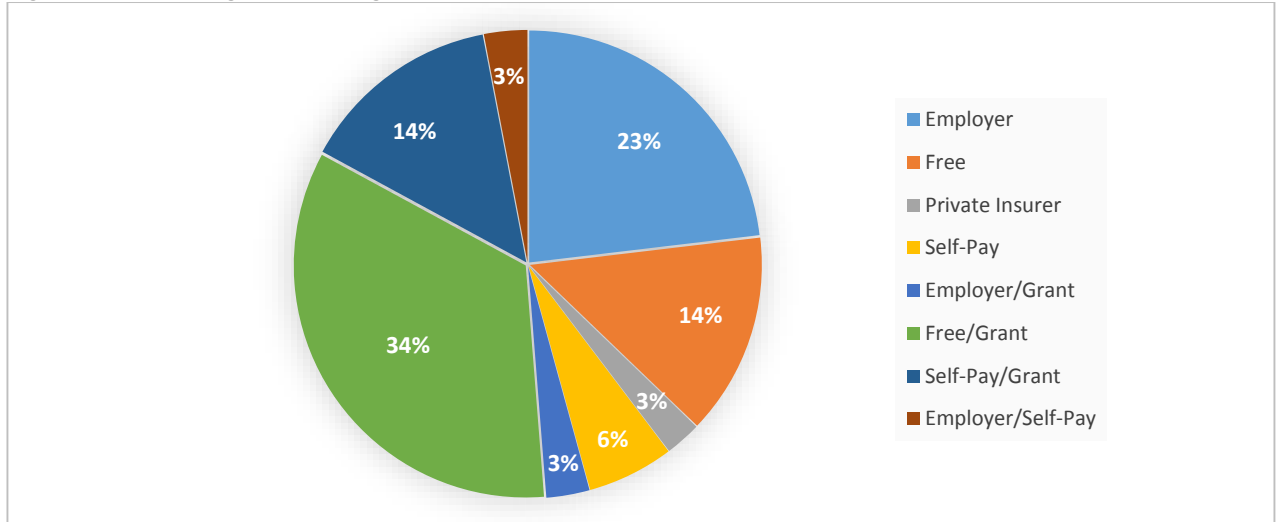
Of the 46 CDC-recognized diabetes prevention programs in Virginia, 10 are in rural, medically underserved areas. This comes as no surprise but poses additional challenges to build and sustain diabetes prevention programs in areas of Virginia that have limited resources, fewer health care professionals, transportation challenges, and possibly, lack of awareness of the NDPP.

Program Funding

A survey question to inquire about how each program was funded revealed a number of different sources of funding or types of programs including employer-based, a program free to all participants, grant-funded, funding through private insurance, or self-pay. The employer-based programs are located primarily in health systems. Most were started as pilot programs in 2016 and 2017, with the hope of expanding to include Medicare-sourced funding for the NDPP, which began in April 2018. NDPP programs must have at least *Preliminary Recognition* in order to become a Medicare Supplier to bill for services. Most of the Free Clinic sites with NDPP Programs offer this as a free service to the community, and some received small amounts of grant funding in partnership with their local health district. The grant-funded programs, as stated earlier, are primarily those in the 1422-funded health districts, who partnered with rural health centers, Free Clinics, and local YMCA’s. The self-pay programs in Virginia are primarily in the YMCA programs. The National Y Program has worked closely with the CDC and Medicare over the last several years to determine a cost-effective approach for persons at risk for diabetes in communities across the country.

A fee of \$429 for the year-long DPP has been established by the National Y as the recommended cost structure for all state Y-DPP programs to adopt. Figure 8 includes a distribution of sources of program funding, if any, of the state NDPP programs. Many programs have combined sources of funding.

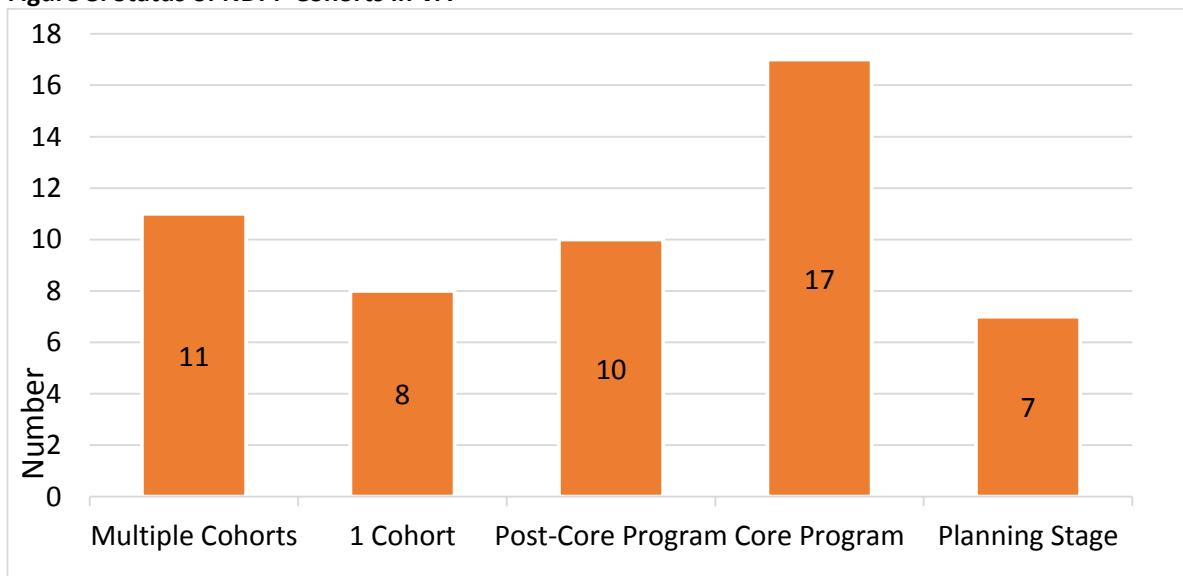
Figure 7. NDPP Program Funding (N=46)



Status of NDPP Group or Cohort Completion in Virginia

Additional program data that was requested in the survey included the total number of NDPP Lifestyle Change Programs that each site had completed or at what stage of the year-long program they were in, the 6-month core program or the last six months of the program, termed post-core. Of the 42 programs for which data was compiled, 11 different sites have completed multiple programs. Eight sites have completed at least one cohort, 10 sites are in the last six months or post-core portion of the program, 17 sites are in the first six months or core portion of the program, and seven sites are in the planning stages of program implementation. Figure 8 summarizes these results pictorially.

Figure 8. Status of NDPP Cohorts in VA



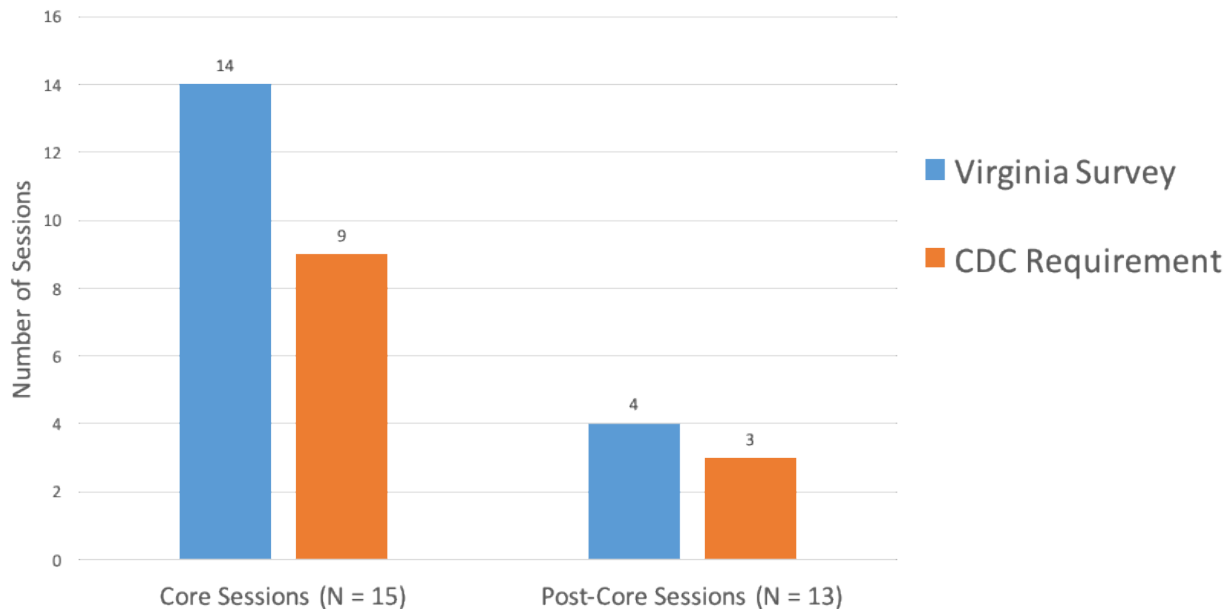
Program Outcome Data

Several of the questions in the survey were to obtain additional data regarding the demographics of participants in VA-NDPP Programs. The data received for the program outcome data section of the survey is very incomplete because some sites haven't yet completed a 12-month cohort or are still in the planning stages of implementing their program. Some of the program coordinators had not yet summarized their data and were reluctant to report this information. Of the 26 sites that responded to the question about the total number of participants who had completed the program, there have been 1,064 participants in Virginia who have completed the NDPP. Nineteen program coordinators responded to the questions about the average number of participants/group (N = 9).

Session Attendance

Figure 9 below provides information about the average number of core (Months 0-6) and post-core (Months 7-12) curriculum sessions that were attended. The CDC-DPRP requirement for attendance is that 60% of the group needs to attend nine sessions during the first six months and 60% need to attend three sessions during months 7-12.

Figure 9. Session Attendance



Weight Loss

The survey also sought to better determine weight loss data compiled at six months and 12 months of the year-long Lifestyle Change Program. Because NDPP programs in Virginia are in various stages of building their programs, we have incomplete data for this survey question with 15 programs reporting weight loss percentage data at six months and 12 programs reporting 12-month data. Of the 12 programs reporting data at 6 months, the average weight loss was 4.5%. At 12 months, 12 programs reported an average weight loss of 5% among participants. Table 11 provides a bar graph of this data in comparison with the CDC-DPRP requirement, which is 5-7% loss. The minimum of 5% was used as the comparison point in the graph shown in Figure 10.



Figure 10. Weight Loss Percentage at 6 and 12 Months

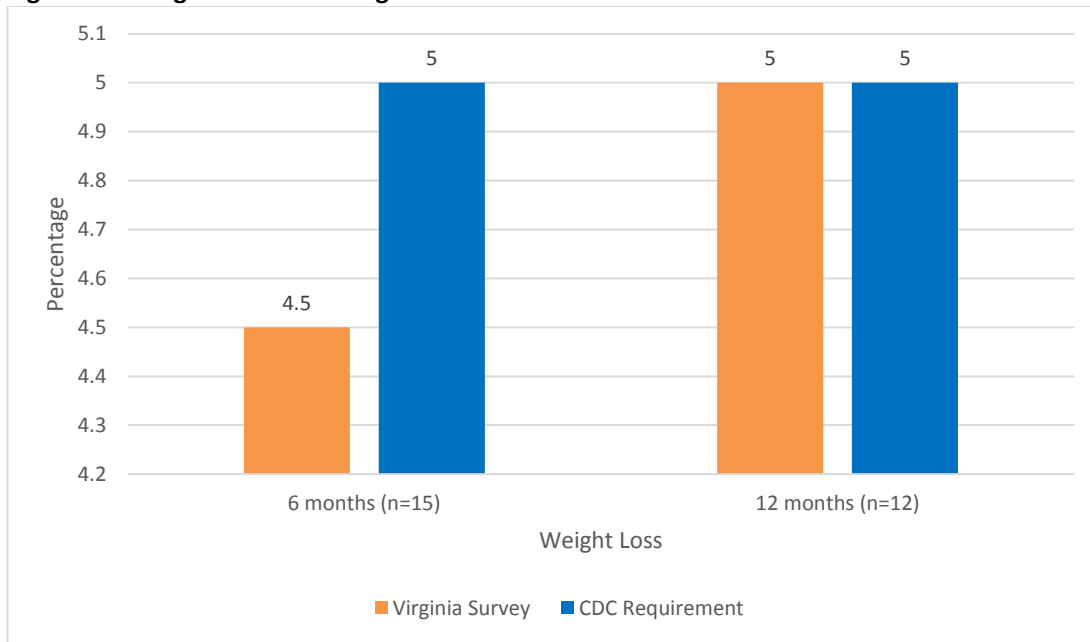
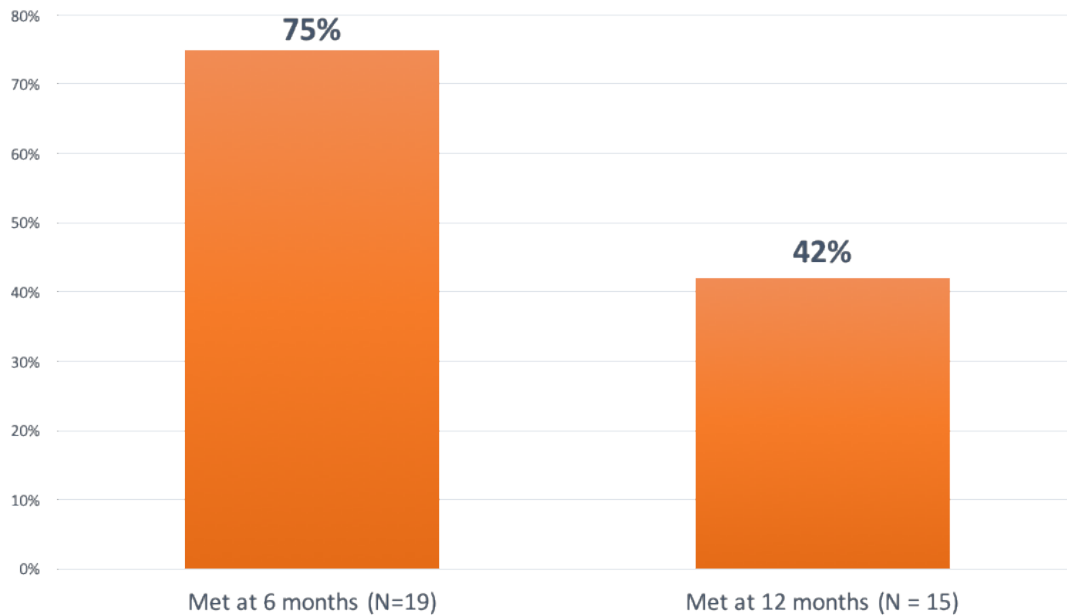


Figure 11 summarizes the question about the percent of participants who met the goal of 5-7% weight loss at six months and 12 months. Of the 19 programs who reported this data, at six months. The average percentage of participants who met this goal at 6 months was 75%. In 13 programs at 12 months, the average percentage meeting the goal of 5-7% weight loss was 42%.

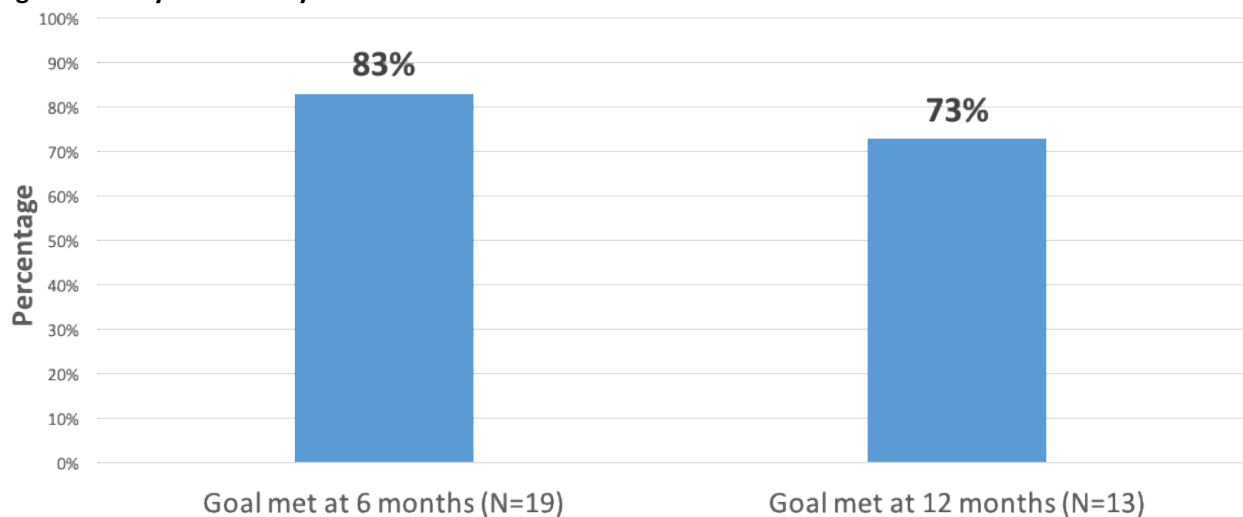
Figure 11. Percent of Participants Who Met Weight Loss Goal



Physical Activity

The goal for physical activity in the Lifestyle Change Program is 150 minutes per week. The goal for reporting this information to CDC-DPRP is document the weekly physical activity of each participant in the program. Participants are asked to report their weekly physical activity logs recording the type and minutes of activity in order for the program to get credit for this documentation. To meet the recognition requirements, programs are required to record activity for at least 60% of all sessions that the participant attends. Figure 12 reports the percentage of participants who met the goal of 150 minutes per week at both the 6 and 9 month intervals. Again, these data are incomplete for all programs. Nineteen programs reported data at 6 months with 83% of participants meeting the physical activity goal, and 13 programs reported 12-month data with 73% of participants meeting the activity goal.

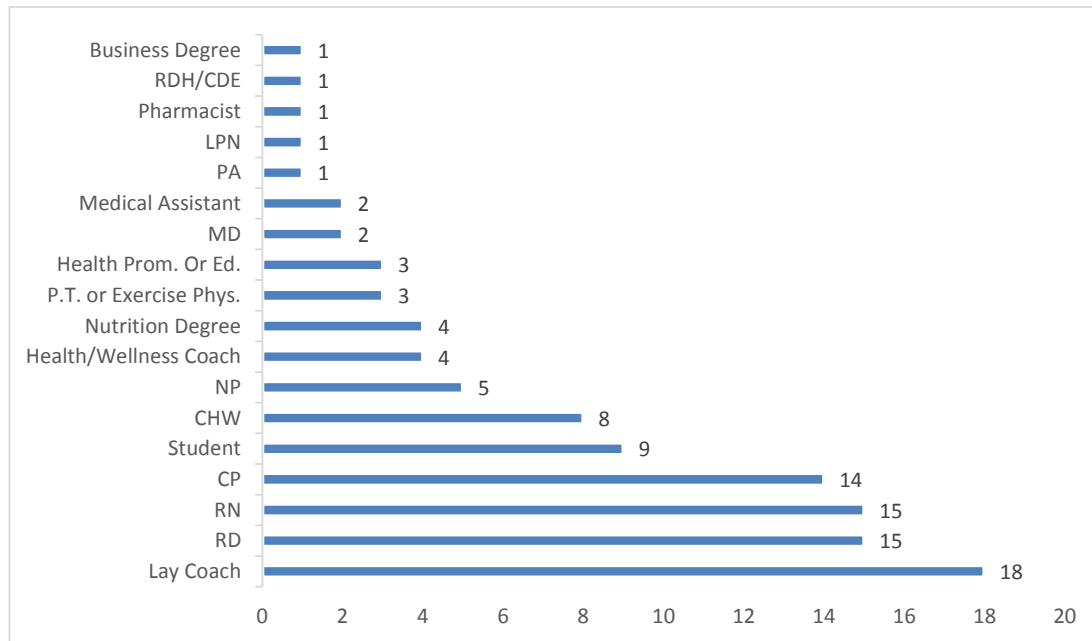
Figure 12. Physical Activity Goal



Lifestyle Coaches

CDC does not require lifestyle coaches who facilitate the Lifestyle Change Program to be credentialed health care professional. However, all coaches must attend a CDC-approved Lifestyle Coach Training Certificate Course. There are nine approved training sites across the U.S., with the Virginia Center for Diabetes Prevention and Education at the University of Virginia being one of the approved sites. The training is two days and reviews the Lifestyle Change Program curriculum, and provides skills training in group facilitation and behavior change. We were interested in knowing about the type and number of lifestyle coaches who are facilitating programs in the Virginia-NDPP programs and two survey questions pertained to the number and credentials of lifestyle coaches. Of the coordinators who responded to this question, a total of 109 lifestyle coaches were identified. Figure 13 summarizes the types and credentials of lifestyle coaches in Virginia.

Figure 13. Diversity of Virginia Lifestyle Coaches



Participant Demographics

Demographic data of the participants of NDPP's across the state was also collected and analyzed. Sixteen coordinators of programs provided data regarding average age, and gender, racial, and ethnicity characteristics. The average age of participants across those programs who provided data (N=16) was 55. Figures 14, 15, and 16 report gender, race, and ethnicity data of Virginia participants, among 16 programs who reported this information.

Figure 14. Gender

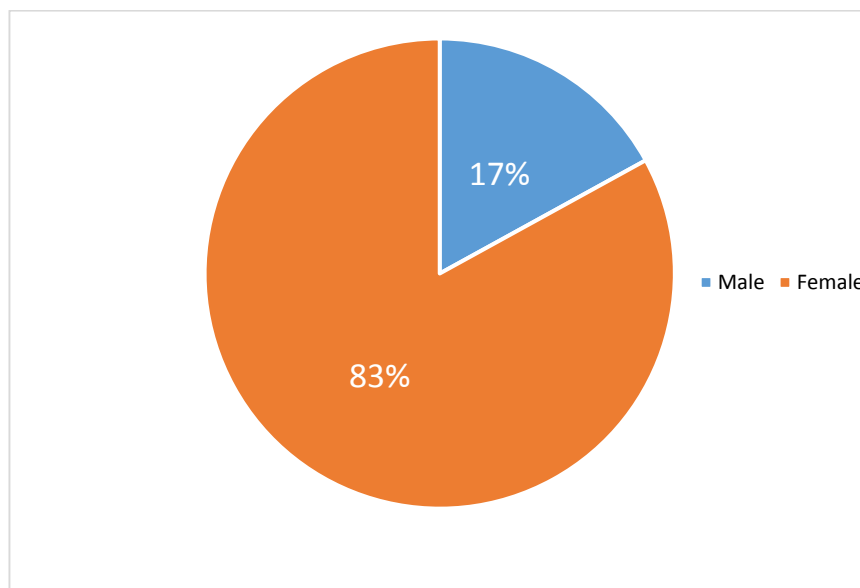


Figure 15. Race

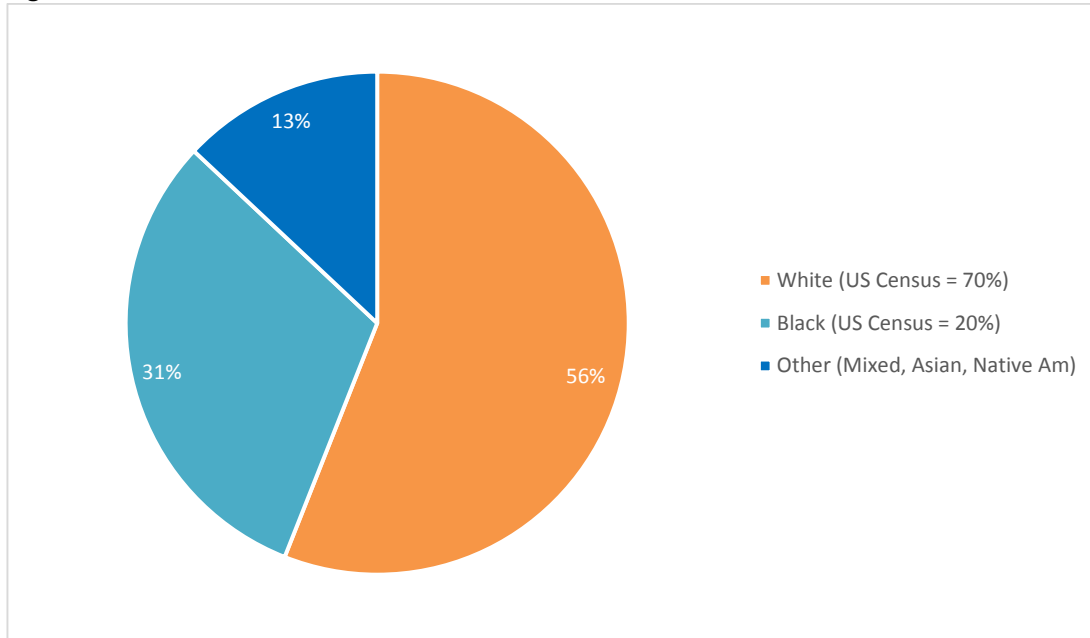
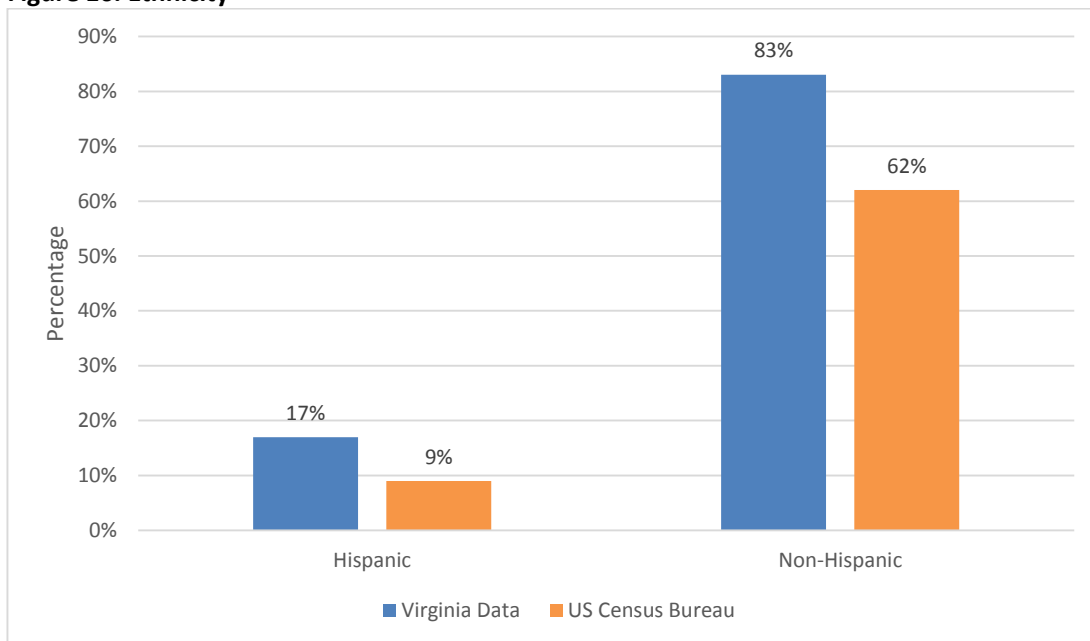


Figure 16. Ethnicity



Building and Sustaining NDPP Programs in Virginia

The final questions in the survey inquired about sources of referral into NDPP programs in Virginia, methods used to successfully marketed their program, and primary challenges that each of the programs have experienced as they have gone through and are going through the process of building and sustaining their program. Figures 17, 18, and 19 summarize this information which will be helpful to all program and coordinators as we work on increasing referrals, being creative to market a program which will interest and engage participants, and to work together to overcome challenges we've all faced to make our programs even bigger and better and most importantly, to reduce the epidemic of obesity and prediabetes in our country today.

Figure 17. Program Referrals

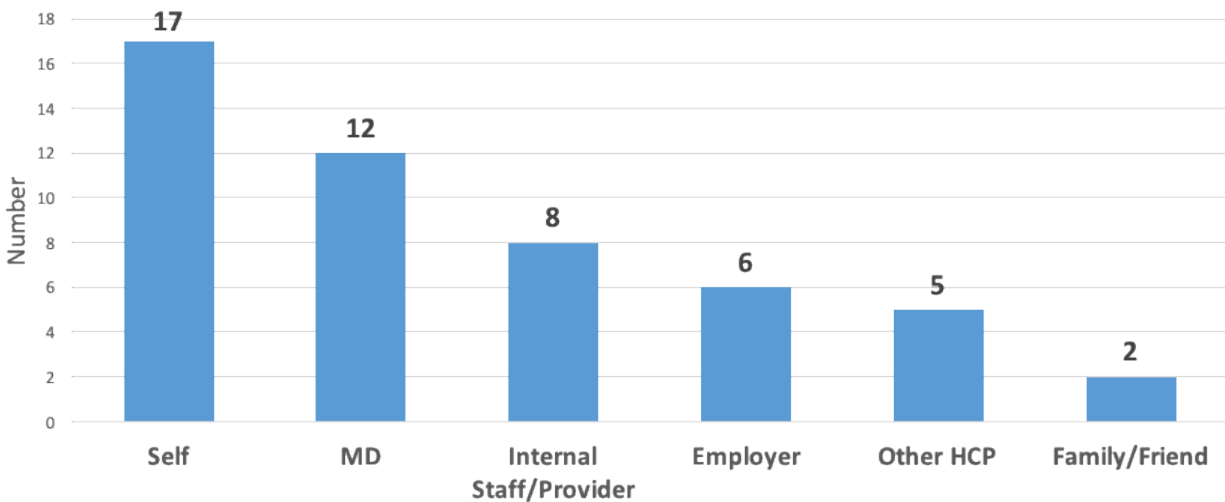


Figure 18. Marketing

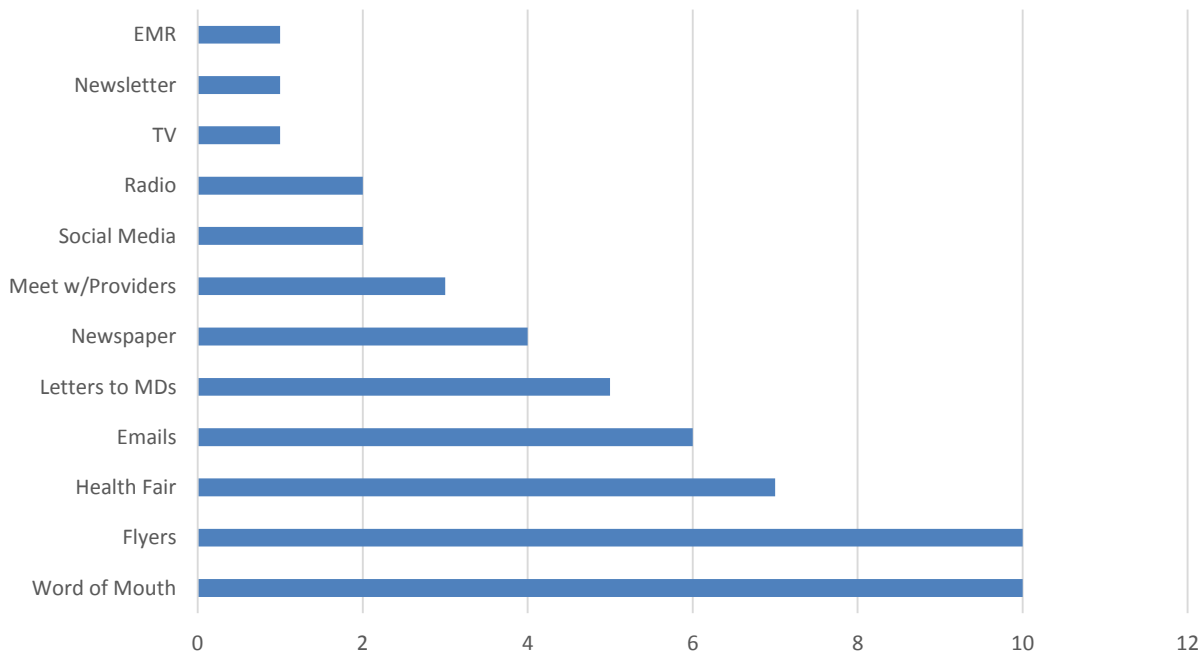
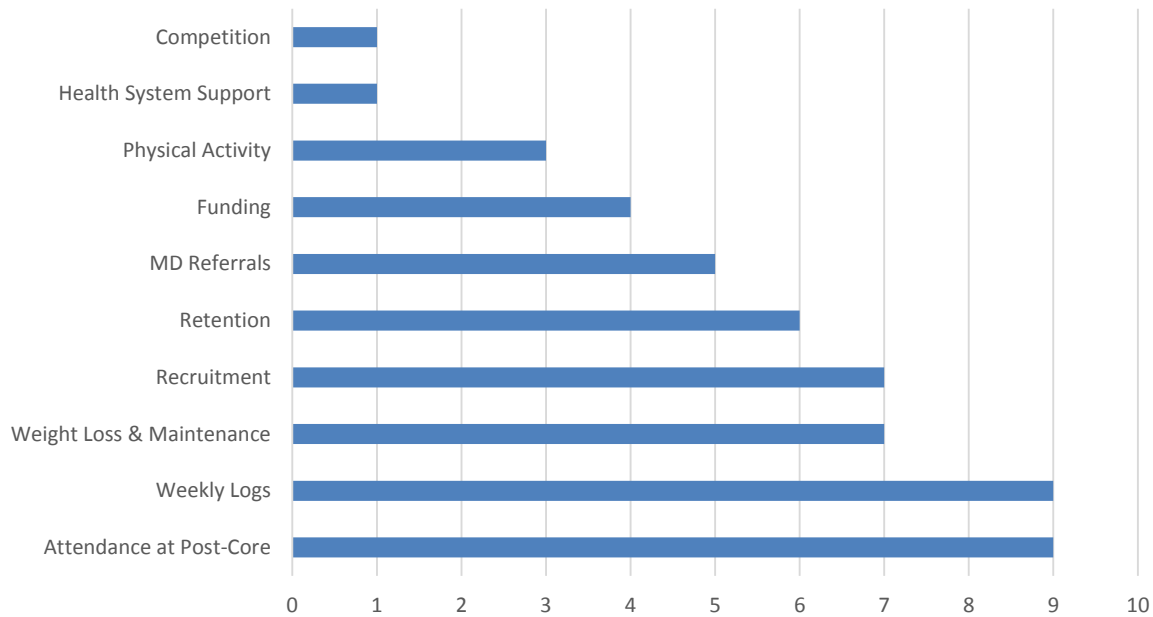


Figure 19. Challenges



Summary

The diabetes state partners involved in this project would like to take this opportunity to thank all of the NDPP Program Coordinators in Virginia who responded to this survey or who agreed to a phone interview to gather the information requested in the survey.

The hope is that you will find this report informative. The goal was to provide information that is valuable to all programs and coordinators across the state and also, other state partners as we move forward to improve coordination among programs, increase partnerships across the state, and provide resources, information, technical assistance for all currently recognized program in the state.

Since the development of the Diabetes Prevention Strategic Plan and the Diabetes Prevention State Engagement Meeting in late 2016 and early 2017, Virginia has seen a lot of growth in implementation of NDPP programs and most importantly, moving rapidly towards preliminary and full CDC-recognition of these programs. There is optimism that reimbursement and sustainability of the national DPP is will continue to move forward which will assist programs with serving more people at risk for diabetes in Virginia.

The plan is to continue to add new NDPP programs in more organizations and new areas of the state, particularly in the rural, underserved areas where there are limited programs and resources. Let's keep moving forward and working together!

Thanks for your commitment to diabetes prevention!

Warmest Regards –

Your State Partners:

Virginia Center for Diabetes Prevention and Education
Virginia Diabetes Council
Virginia Department of Health



References

1. CDC NDPP. <http://www.cdc.gov/diabetes/prevention/index.html>. Accessed December 2016.
2. American Association of Diabetes Educators Webinar – Government Support for Improving DSME Access: Where Do You Fit, and How Can You Help? November 14, 2014. From presentation of State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors, and Promote School Health (1305) by Pat Schumacher, MS, RD, CDC Division of Diabetes Translation.
3. CDC DPRP. <http://www.cdc.gov/diabetes/prevention/lifeistyle-program/index.html>. Accessed December 2016.
4. CDC DPRP. <http://www.cdc.gov/diabetes/prevention/lifeistyle-program/index.html>. Accessed May 2018.

Appendix 1. E-mail Announcement RE: Survey to Virginia NDPP Program Coordinators

January 2018

Dear National Diabetes Prevention Program Coordinator:

You are receiving this e-mail because you have received CDC pending or full recognition as a National Diabetes Prevention Program (NDPP) site in Virginia. Appendix 1.

Each year, VDH receives an annual aggregate report of data from the CDC with information about recognized NDPP sites. This summary report contains numbers of program participants, % of weight loss, and program participant completers.

In order for us to understand how best to provide technical assistance, mentoring, and resources to NDPP sites in Virginia, we are asking sites to assist us in providing additional aggregate data. This data will be summarized in a report and shared with all of Virginia's NDPP sites as well as the organizations (VDC, VDH, VCDPE) assisting to build and sustain NDPP in Virginia.

Please complete the questionnaire using the following link to provide the data we are requesting:

<https://www.surveymonkey.com/r/virginiandppdatasurvey>

We very much appreciate your assistance and willingness to provide additional aggregate data. We think this information will be very valuable to the future success of the NDPP in Virginia!

Please don't hesitate to contact any of the leaders of the organizations involved in this project if you have any questions or concerns.

Warmest regards

Joyce Green Pastors, MS, RD, CDE
Virginia Center for Diabetes Prevention and Education
University of Virginia
Jag2s@virginia.edu

Susan DeAbate, RN, MSN/ED, CDE
Chair, Virginia Diabetes Council
smdeabat@sentara.com

Appendix 2- Printed Copy of Online Survey to NDPP Program Coordinators in VA

Logos: VDH, VCDPE, VDC

Link: <https://www.surveymonkey.com/r/virginiandppdatasurvey>


Title: Survey of NDPP Programs in Virginia with CDC Full or Pending Recognition

Introduction *Please answer the following questions to the best of your knowledge. For questions regarding the survey, please contact Joyce Green Pastors at jaq2s@virginia.edu. Thank you for your participation. Press OK to continue.*

Questions:

1. Please provide your name, phone number, and email address.
 - Name
 - Organization
 - Email address
 - Phone number
2. What was your full or pending recognition date? (MM/DD/YYYY)
3. In what type of site is your NDPP provided? (multiple choice)
 - health system
 - YMCA
 - employer-based
 - health district
 - free clinic
 - FQHC
 - physician or NP-based practice
 - pharmacy
 - Other (please specify)
4. How many locations does your site include?
5. In what type of geographical area do you provide your program(s)?
 - Rural
 - Urban
 - Suburban
 - Other (please specify)
6. How is your program funded? Select all that apply.
 - Private insurance
 - Medicare
 - Medicaid
 - Grant-funded (State or Federal)
 - Employee wellness benefit
 - Self Pay (please provide cost of your program)

7. How many groups has your site completed since you obtained pending recognition? *If you have multiple sites, aggregate your data.* (Text box)
8. What is your average number of participants per group? (text box)
9. How many total participants have you started in a group since you began offering the NDPP? (text box)
10. How many groups has your site completed since you began offering the NDPP? (text box)
11. What is the average number of core sessions (months 1-6) attended across all groups? (text box)
12. What is the average number of post-core sessions (months 6-12) attended across all groups? *If you haven't yet completed your post-core sessions, please write in "not applicable" or "N/A"*(text box)
13. What is the average percent weight loss at 6 months across all participants? (text box)
14. What is the average percent weight loss at 12 months across all participants? *If you haven't yet completed your post-core sessions, please write in "not applicable" or N/A"* (text box)
15. What percentage of all participants met the weight loss goal of 5-7% at 6 months: (text box)
16. What percent of participants have met or maintained the weight loss goal of 5-7% at 12 months: (fill in data)
- Met
 - Maintained
17. What percent of participants achieved the goal of 150 minutes of physical activity at 6 months? (text box)
18. What percent of participants achieved the goal of 150 minutes of physical activity at 12 months? (text box)
19. How many lifestyle coaches facilitate your Lifestyle Change Program? (text box)
20. What are the credentials of your Lifestyle Coaches? Select all that apply. (checkboxes)
- RD
 - RN
 - CDE
 - PharmD
 - NP
 - Other (please specify)
21. Please provide the following demographics across all participants: *If you do not have this data, write in "N/A". If you have raw numbers instead of percent, include those numbers instead.* (fill in data)
- Average age
 - Gender: % male
 - Gender: % female
 - Racial Distribution: % African American
 - Racial Distribution: % American Indian
 - Racial Distribution: % Asian
 - Racial Distribution: % Pacific Islander
 - Racial Distribution: % White
 - Ethnic Distribution: % Hispanic or Latino
 - Ethnic Distribution: % Not Hispanic or Latino
 - Ethnic Distribution: % Not Reported



22. Estimate the percentage of each of the following primary referral source(s) (multiple text boxes, total equals 100)

- Self referral
- Physician(s)
- Health Care Systems
- Other Health Care Provider
- Employer
- Other

23. What have been your greatest barriers since implementing your Lifestyle Change Program? Check all that apply. (checkboxes)

- Getting enough participants to start a group
- Attrition rates
- Referrals to program
- Overall Attendance
- Attendance from 6-12 months
- Achieving 5-7% weight loss
- Achieving 150 minutes of physical activity per week
- Participant completion of weekly activity logs
- Participant completion of weekly action plans
- Other (please specify)

24. What have been your most successful approaches to marketing your NDPP? Check all that apply. (checkboxes)

- Word of mouth
- Flyers at public places
- Letter/flyer/form to physicians and other health care providers to refer to the program
- Electronic medical record
- e
- Radio
- Newspaper
- Social Media (Facebook, Twitter, etc.)
- Other (please specify)