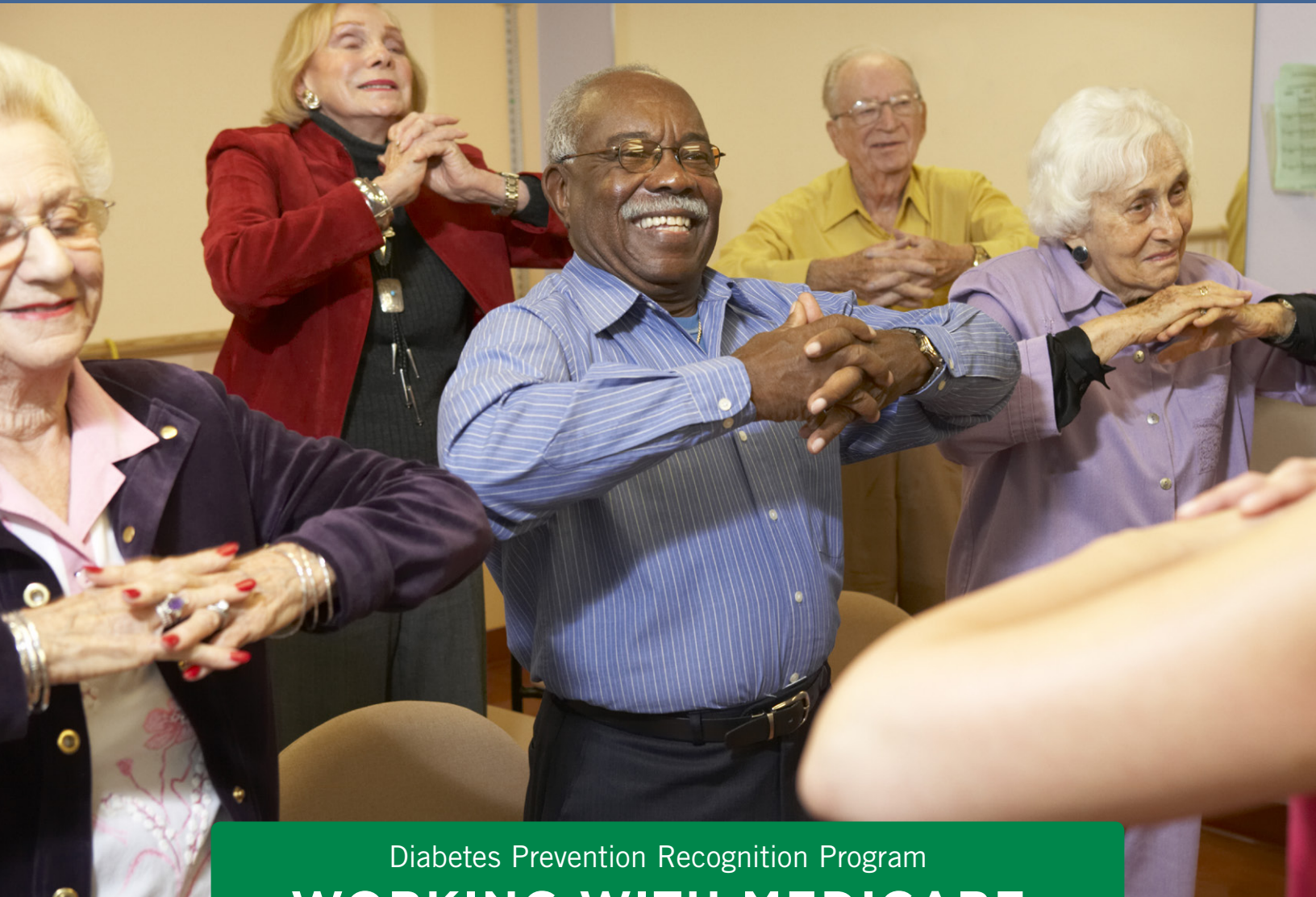


# NATIONAL DIABETES PREVENTION PROGRAM



Diabetes Prevention Recognition Program

## **WORKING WITH MEDICARE BENEFICIARIES GUIDE**

for CDC-Recognized Organizations



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## ABOUT THIS GUIDE

This implementation guide will help you learn how to recruit, enroll, and retain Medicare beneficiaries with prediabetes in your organization's CDC-recognized lifestyle change program to educate them about delaying or preventing the onset of type 2 diabetes.

The National Diabetes Prevention Program (National DPP) works to make it easier for people with prediabetes, including Medicare beneficiaries, to participate in affordable, high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health.



**This guide focuses on the recruitment, enrollment, and retention of Medicare beneficiaries age 65 and older. Sixteen percent of Medicare beneficiaries are under age 65. These beneficiaries have physical disabilities that qualify them for Medicare, and may or may not share characteristics and needs identified with Medicare beneficiaries age 65 and older as discussed in this guide.**







## ▼ WHY THE NATIONAL DIABETES PREVENTION PROGRAM IS IMPORTANT FOR MEDICARE POPULATIONS

Type 2 diabetes affects more than 25 percent of Americans age 65 or older and, if current trends continue, its prevalence is projected to double for all U.S. adults (ages 18-79) by 2050. Fortunately, type 2 diabetes can be prevented with appropriate lifestyle changes.

In 2016, the U.S. Centers for Medicare & Medicaid Services (CMS) estimated that Medicare spent \$42 billion more for beneficiaries over age 65 with type 2 diabetes than for those who do not have the disease. In the same year, Medicare spent an estimated \$1,500 more on Part D prescription drugs, \$3,100 more for hospital and facility services, and \$2,700 more in physician and other clinical services for each patient with type 2 diabetes than for those without the disease. Reducing the prevalence of type 2 diabetes will reduce the burden on the Medicare system.<sup>1</sup>

Organizations such as yours are ideally positioned to help Medicare beneficiaries in your community with prediabetes prevent or delay type 2 diabetes. The [Medicare Diabetes Prevention Program](#) (MDPP) expanded model will make these programs more accessible to the Medicare population by enabling CDC-recognized organizations to enroll in Medicare as MDPP suppliers beginning in 2018. The MDPP was announced in early 2016, when the U.S. Secretary of Health and Human Services determined that the Diabetes Prevention Program met the statutory criteria required for expansion.

<sup>1</sup> 2016 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, Centers for Medicare & Medicaid Services, 2016. Retrieved 8/4/2017 from [CMS.gov https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2016.pdf](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2016.pdf).

Details about the MDPP expanded model are included in two separate rules. To learn more about the first final rule establishing the MDPP, visit [Calendar Year 2017 Medicare Physician Fee Schedule \(PFS\) Final Rule](#). To learn more about the second proposed rule, visit the [MDPP website](#).

## PREVENTING TYPE 2 DIABETES THROUGH THE NATIONAL DIABETES PREVENTION PROGRAM

Research shows that people with prediabetes who take part in a structured lifestyle change program can cut their risk of developing type 2 diabetes by 58 percent (71 percent for people over age 60). The [Diabetes Prevention Program research study](#) showed that weight loss of 5-7 percent achieved by healthy eating and 150 minutes of physical activity per week reduced the risk

of developing type 2 diabetes by 58 percent in people at high risk for the disease. The impact of the lifestyle intervention was similar regardless of race, ethnicity, or gender. For a person who weighs 200 pounds, losing 5-7 percent of their body weight means losing just 10-14 pounds. It does not take a drastic weight loss to reduce type 2 diabetes.

The impact of this program can be long-lasting. Research has found that even after 10 years, people who completed a diabetes prevention lifestyle change program were one-third less likely to develop type 2 diabetes. A year-long lifestyle change program is required due to the time and commitment needed for lasting behavior change to occur.







## ▼ PREDIABETES AND TYPE 2 DIABETES

This guide is for CDC-recognized organizations offering lifestyle change programs to prevent type 2 diabetes. You likely already have knowledge about prediabetes and type 2 diabetes; however, if you want to learn more, visit the [National DPP website](#).

**Today, more than half of Americans over 65 years have prediabetes, and only 1 in 10 know they have it.**

### PREDIABETES SCREENING AND TESTING

Individuals who may be at risk for type 2 diabetes should take the National DPP online quiz or the printable [prediabetes screening test](#). If individuals are at risk, encourage them to talk to a health care professional about getting a blood glucose test.

The eligibility requirements for Medicare participants in the National DPP are:

- » Enrolled in Medicare Part B;
- » BMI  $\geq 25$ ;  $\geq 23$  if self-identified as Asian;
- » A1c (HgA1c) between 5.7 and 6.4%, or a fasting plasma glucose of 110-125 mg/dL, or a 2-hour

post-glucose challenge of 140-199 mg/dL (oral glucose tolerance test) within the previous 12 months;

- » Have no previous diagnosis of type 1 or type 2 diabetes with the exception of a previous diagnosis of gestational diabetes; and
- » Does not have end-stage renal disease (ESRD)

The MDPP benefit is available for coverage only once per lifetime.

Additional information about screening requirements can be found in the latest version of CDC's Diabetes Prevention Recognition Program (DPPR) [Standards](#).

**The National DPP's online Resources for Screening and Referral section has resources and tools to assist organizations with participant screening, testing, and referral.**

## UNDERSTANDING MEDICARE

Medicare is the federal health insurance program for people who are age 65 or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). In 2015, Medicare provided health insurance coverage for 55 million people, 46 million people age 65 and older and 9 million people with permanent disabilities who are under age 65.

The [CMS](#) website describes Medicare parts that help cover specific services:

**Medicare Part A (Hospital Insurance):** Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

**Medicare Part B (Medical Insurance):** Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.

**Medicare Part C (Medicare Advantage Plans):** Part C is offered by private companies that contract with Medicare to provide Part A and Part B benefits. Medicare Advantage Plans include health maintenance organizations, preferred provider organizations, private fee-for-service plans, special needs plans, and Medicare medical savings account plans. Medicare Advantage Plans cover most Medicare services through the plan, and many offer prescription drug coverage.

**Medicare Part D (Prescription Drug Coverage):** Part D adds prescription drug coverage to original Medicare, some Medicare cost plans, some Medicare private fee-for-service plans, and Medicare medical savings account plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare prescription drug plans. provider organizations, private fee-for-service plans, special needs plans, and Medicare medical savings account plans. Medicare Advantage Plans cover most Medicare services through the plan, and many offer prescription drug coverage.

### DUAL ELIGIBILITY

[CMS](#) defines dual eligible beneficiaries as individuals who are enrolled in both Medicare and Medicaid. The term includes individuals who are enrolled in Medicare Part A and/or Part B and receive full Medicaid benefits and/or assistance with Medicare premiums or cost sharing through one of the following Medicare Savings Program (MSP) categories:

- » Qualified Medicare Beneficiary (QMB) Program— Helps pay for Part A and/or Part B premiums, deductibles, coinsurance, and copayments
- » Specified Low-Income Medicare Beneficiary (SLMB) Program – Helps pay for Part B premiums
- » Qualifying Individual (QI) Program – Helps pay for Part B premiums
- » Qualified Disabled Working Individual (QDWI) Program – Pays for Part A premiums for certain people who have disabilities and are working

Because people under age 65 on Medicare qualified due to having a permanent disability, they typically have relatively high rates of chronic conditions, functional limitations, and/or cognitive impairments.

The options for dual eligible individuals to receive their Medicare and Medicaid benefits vary by state. See the dual eligible [standards](#) that CMS releases annually for current information.



## RECRUITING AND ENROLLING MEDICARE PARTICIPANTS

Understanding when and how to recruit participants for your CDC-recognized lifestyle change program will be key to its success. This section will help you learn how to recruit and enroll Medicare participants in your program through 3 simple steps:

1. **Identify your target populations and understand their needs.**
2. **Generate awareness and promote your program.**
3. **Recruit and enroll participants.**

### STEP 1. IDENTIFY YOUR TARGET POPULATIONS AND UNDERSTAND THEIR NEEDS

Key characteristics of the Medicare population to consider in recruitment, enrollment, and retention include the following:

#### AGE <sup>2</sup>

- 71 percent are between age 65 and 84.
- 16 percent are under age 65 and permanently disabled
- 13 percent are age 85 and older.

#### GENDER <sup>2</sup>

- 55 percent are female
- In the older Medicare age groups, women account for an even larger share of beneficiaries.

<sup>2</sup> Chronic Conditions Chartbook: 2012 Edition. Retrieved July 17, 2017 from CMS.gov: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/2012ChartBook.html>



## RACE/ETHNICITY<sup>3</sup>

- 78 percent of beneficiaries are white.
- 9 percent are African American.
- 8 percent are Hispanic.
- 4 percent are Asian.
- 1 percent are “other”.

## HEALTH STATUS<sup>2</sup>

- The majority of beneficiaries report being in good or very good health.
- 26 percent report being in fair or poor health.
- 45 percent live with four or more chronic conditions.
- 31 percent have a cognitive or mental impairment.

## INDEPENDENCE<sup>2</sup>

- Most live at home.
- 34 percent have one or more limitations in activities of daily living, such as eating or bathing, that limit their ability to function independently.
- 7 percent live in independent/active living communities.
- 5 percent live in a long-term care setting, such as a nursing home or assisted living facility.

## INCOME<sup>2</sup>

- Half of all beneficiaries have incomes below 200 percent of the federal poverty level.
- Income declines with age among older adults.
- Income is lower among women than men.
- Income is lower among African Americans and Hispanics compared to whites.
- Income is higher among married beneficiaries and those with higher education levels.
- Income is lower among those under age 65 compared to those age 65 and older.

## HEALTH ATTITUDES AND BEHAVIORS

- Medicare beneficiaries trust physicians, family, and friends most for health-related information.
- Women tend to be more willing to engage in structured programs to address health concerns.
- Men tend to be less engaged with their health conditions, keep information private, and prefer not to join support groups.
- Male Medicare beneficiaries and those Medicaid beneficiaries (both male and female) with lower incomes tend to see physicians less often than women with higher incomes on Medicare.
- Medicare beneficiaries use the Internet to research health information. Younger beneficiaries are connected to mobile devices, TV, Google, and Facebook.

## DAILY INTERESTS AND ACTIVITIES<sup>4</sup>

### On average, people age 65 and older spend per day:

- More than 4 hours watching TV
- Nearly 3 hours doing household chores, including gardening and home repairs
- Nearly 1 hour shopping
- Nearly 1 hour socializing
- 30 minutes volunteering at religious, medical, and other civic and community organizations

## DUAL ELIGIBLE MEDICARE BENEFICIARIES<sup>2</sup>

### Over Age 65:

- 46% are dual eligible
- 53% are men
- 36% are racial and ethnic minorities
- 21% report fair or poor health

### Under Age 65:

- 14% are dual eligible
- 44% are men
- 21% are racial and ethnic minorities
- 56% report fair or poor health

<sup>2</sup> Chronic Conditions Chartbook: 2012 Edition. Retrieved July 17, 2017 from CMS.gov: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/2012ChartBook.html>

<sup>3</sup> Census Report, 2014 (65+). Retrieved July 17, 2017 from Census.gov: <https://www.census.gov/programs-surveys/acs/news/data-releases/2014.html>

<sup>4</sup> American Time Use Survey. Retrieved July 17, 2017 from the Bureau of Labor Statistics. <https://www.bls.gov/tus/>



Every community is different. While your organization's recruitment efforts will be designed for Medicare beneficiaries, you should also be aware of the subgroups within this audience. Subtle differences among subgroups may include personal and socioeconomic characteristics related to ethnicity, income levels, gender, transportation needs, employment status, and readiness for change. Use publicly available demographic information from local governments as well as community organizations that serve the Medicare population in your target community to get to know your potential participants.

Also ensure you understand where, when, and how older adults typically spend their time locally, so you know where and when to effectively reach them. Learn more about the community where you plan to hold your lifestyle change program by speaking with someone from the community who knows the Medicare population. Ask them to show you:

- » Locations where older adults gather
- » Houses of worship
- » Restaurants popular with older adults
- » Community activities that draw older adults
- » Businesses that cater to older adults in the community
- » Senior living communities

Find out if your target population relies on public transportation. If so, how accessible is your planned location to public transportation routes?

Remember, being flexible while accommodating the majority of your potential participants will set your organization up for success. Consider the needs of the Medicare population in terms of transportation, night driving issues, facility access, and preferred methods of information delivery and peer support. Issues such as stairs, walking distances, and nighttime safety are also critical. Do not assume that all older adults are retired or obligation-free. Many older adults want or need to work at least part-time or have significant caretaking responsibilities. Do not assume all older adults prefer to share information in-person; some may prefer online networks or a combination of in-person and online.

## STEP 2. GENERATE AWARENESS AND PROMOTE YOUR PROGRAM

Once you have identified your local populations' unique characteristics, the next step is to develop a plan for generating awareness about your organization and lifestyle change program. This may include adding information about the program to existing marketing efforts or creating brand-new avenues to reach your potential program participants. When developing your marketing efforts, it is best to understand potential barriers to participant success. Understanding these barriers beforehand will offer you the opportunity to prepare messages that counteract them.

Your marketing plan may include opportunities to reach potential program participants by:

- » Participating in health fairs and similar events, especially those targeting older adults.
- » Collaborating with community partners, such as faith-based organizations, senior centers, local offices on aging, and community-based organizations like the American Veterans Association and Lions Club.
- » Working with worksites, including leading employers in your community that employ significant numbers of older adults.
- » Partnering with businesses that have a large senior clientele.
- » Focusing on channels older adults use to access health information, including television, local newspapers, the Internet, and their physicians.
- » Connecting with senior living and active living communities.

This outreach may be supported by program marketing materials, such as brochures, fact sheets, posters, flyers, postcards, and social media messaging. Find ideas for recruitment materials on the [National DPP website](#). The Ad Council has also created a [Prediabetes Awareness Toolkit](#). The toolkit includes PSAs, videos, social media messaging and graphics, customizable print material (posters, postcards, newsletters, blog posts, etc.), and tips on engaging local media and partners in raising awareness of prediabetes.

There is wide diversity among Medicare recipients. Do not make assumptions about the specific Medicare population in your community. Issues like access to transportation, work status, care of grandchildren and other dependents, as well as media preferences, social support, literacy, and comfort with technology should be considered when planning promotion efforts.

### STEP 3. RECRUIT AND ENROLL PARTICIPANTS

Program participants must meet the specific eligibility requirements for the CDC-recognized lifestyle change program. Participants who are Medicare beneficiaries need to meet the MDPP eligibility requirements as well. Detailed information about participant eligibility requirements can be found in the most recent DPRP Standards and MDPP website.

### BENEFITS OF THE NATIONAL DPP LIFESTYLE CHANGE PROGRAM

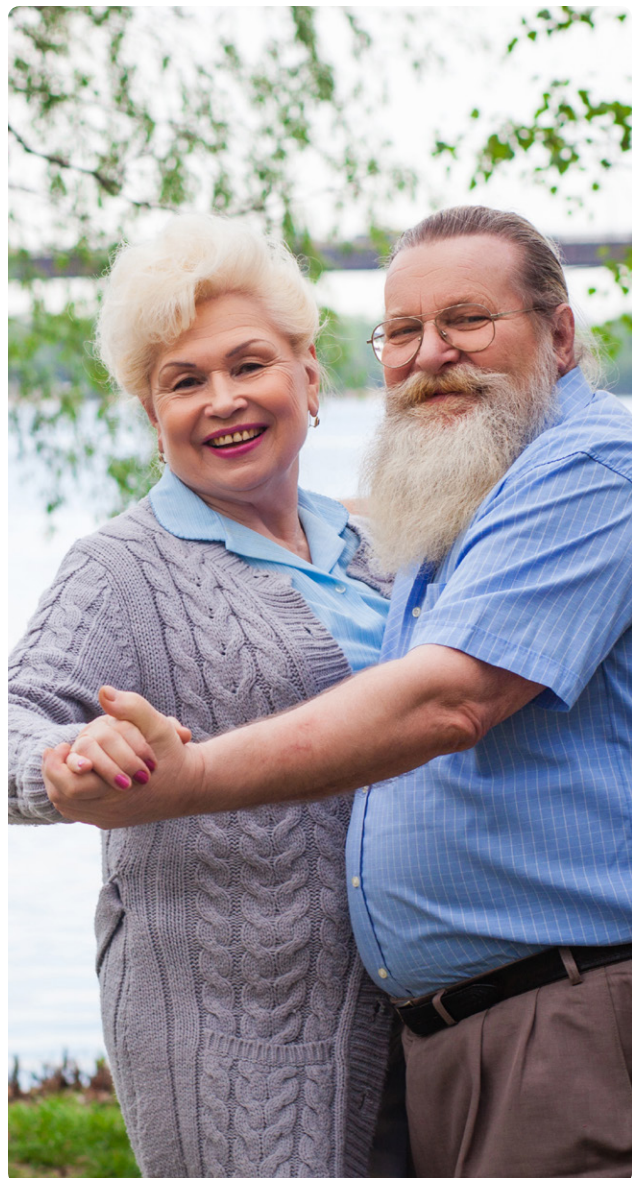
To help support recruitment efforts, it may be helpful to share the following program benefits with interested individuals:

» **The lifestyle change program reduces the chances of developing type 2 diabetes among those most at risk.**

*Many Medicare beneficiaries are interested in quality of life issues and nutrition. Focus on the ways that prevention of type 2 diabetes and improvements in nutrition and physical activity will help older adults do the things they want to do.*

» **Participants learn skills and become empowered to take better control of their health, which can lead to improved overall quality of life.**

*Many Medicare beneficiaries want to learn more about shopping for healthy foods and cooking and eating out in healthy ways.*



» **Program participation provides communal support that helps participants stay motivated and provides accountability.**

*Some Medicare beneficiaries may spend a great deal of time alone. Socialization is important for their physical and mental health.*

» **In addition, beginning in 2018, Medicare will cover the costs of participating in a CDC-recognized lifestyle change program for beneficiaries with prediabetes.**

*Many Medicare beneficiaries are either stretching limited resources or conserving resources.*



### Addressing Potential Barriers to Participant Success.

To facilitate participant success, it is helpful to recognize potential barriers and how to address them.

| BARRIER  | POTENTIAL SOLUTION  |
|--|---|
| <p>Lack of awareness of prediabetes</p> <ul style="list-style-type: none"> <li>• 90% of those at risk go undetected. Many older adults are not aware or minimize the importance of prediabetes.</li> </ul> | <p>Encourage primary care physicians, pharmacists, faith leaders, and senior living and community centers to provide information about prediabetes to their constituents, and encourage people to be screened and tested.</p>   |
| <p>Lack of awareness that type 2 diabetes is preventable</p>   | <p>Encourage primary care physicians, pharmacists, faith leaders, and senior living and community centers to provide information and education about type 2 diabetes and prediabetes to their constituents, and encourage people to be screened and tested. Encourage those who face this barrier to attend a Session Zero (an information session about prediabetes, type 2 diabetes, and the lifestyle change program), where available, to learn more about diabetes and prediabetes. They also may visit <a href="#">CDC resources</a>, and download “<a href="#">Are you at risk for prediabetes?</a>” and/or “<a href="#">So you have prediabetes... now what?</a>”</p> |
| <p>Lack of awareness that CDC-recognized lifestyle change programs exist</p>   | <p>Promote CDC-recognized organizations widely among the target audience to increase awareness of the programs. Referral networks can share a list of local CDC-recognized organizations and direct potential participants to <a href="#">lifestyle change program information</a>.</p>   |
| <p>Lack of confidence that lifestyle change programs can make a difference or that behavior change is too hard to accomplish</p> <p>Perceived lack of time to participate</p>                              | <p>Use local champions, including local physicians, in your promotion efforts. Encourage those who face these barriers to attend a Session Zero, where available, and view <a href="#">testimonials</a> from others who have had success through the lifestyle change program.</p>  |



## ESTABLISHING A REFERRAL NETWORK

Primary care physicians are consistently identified as the most trusted source of health information among Medicare participants. Establishing relationships with primary care providers by working with local health care organizations and local medical or specialty associations/societies are key to your recruitment success. Work with providers and health systems to use electronic health records to identify patients who fit lifestyle change program eligibility requirements, and to contact these individuals to inform them of their risk and opportunities to participate in a CDC-recognized lifestyle change program. Due to patient confidentiality issues, these communications must come from the health system or provider to the identified patients. Visit the [Prevent Diabetes STAT](#) website for additional guidance and tools that can be used to increase physician screening, testing, and referral of their patients with prediabetes to CDC-recognized lifestyle change programs.

Community centers serving older adults and active living and independent living communities are also potential referral sources for your lifestyle change program. Classes may be offered on site if the organization is amenable.

Help health care providers and community-based organizations understand that older individuals are more open to referral and participation in lifestyle change programs when they:

- » Are made aware of prediabetes and their risk factors.
- » Are faced with a health challenge or a health challenge of someone close to them.
- » Believe the program will make a difference in how healthy they feel and will improve their ability to spend time with people they care about and do the things they enjoy.
- » Believe that a healthy lifestyle will help them protect their financial assets and spend less money on health care.
- » Understand that the program will provide tips and strategies for healthy eating and



ways to be more physically active, even with mobility restrictions.

- » See the program as a place for social interaction and peer support.



**Identify the medical practices in your community that have a large proportion of Medicare patients. Local health departments and community pharmacies can help you identify providers to engage in your recruitment efforts.**

You may also want to recruit community partners and community-based organizations to participate in your referral network. Ensure these organizations understand that when they refer individuals to your CDC-recognized organization, they are connecting them with a proven lifestyle change program to prevent type 2 diabetes and make lasting healthy changes.

CDC has developed a [suite of resources](#) to share with health care providers, community partners, and others in your referral network to help them with screening and testing for prediabetes and referring patients to your lifestyle change program.



### Primary Care Providers Play a Critical Role in Recruiting Medicare Beneficiaries

It is very important to build on the connection between Medicare patients and their primary care providers including physicians, nurse practitioners and physician assistants. Be sure to involve providers in the referral process for your lifestyle change program. Form relationships with local health care organizations/health care providers. Provide information about prediabetes and details about your lifestyle change program, and encourage them to share this information with their Medicare patients.

Building working relationships with health care organizations and local medical or specialty associations/societies can also be helpful in reaching physicians and other health care professionals in your area. At the national level, the American Medical Association has committed resources and expertise to prevent type 2 diabetes and is working closely with CDC to raise awareness of prediabetes among health care providers and to educate physicians on the importance of screening, testing, and referring their patients with prediabetes to CDC-recognized lifestyle change programs.

An [Evaluation of the Healthcare Innovation Awards: Community Resource Planning, Prevention, and Monitoring report](#) (the report is an independent evaluation of the 24 Health Care Innovation Award [HCIA] awardees) also describes the following provider and community-based strategies found to be effective in recruiting the Medicare population:

1. In-services and lunch-and-learns can be helpful in increasing awareness of the National DPP lifestyle change program among health care providers. Standardized referral letters and secure eFax and electronic health record point-of-care referrals sent to patients with prediabetes proved to be successful recruitment methods. Visit the [Prevent Diabetes STAT](#) website for additional guidance and tools that can be used to increase physician screening, testing, and referral of their patients with prediabetes to CDC-recognized lifestyle change programs.
2. Partnerships between CDC-recognized organizations and local senior centers can also be helpful. Consider offering screening events and classes on site at the senior center and market the program specifically to existing groups based at the senior center (walking clubs, etc.).
3. Community-wide recruitment strategies can include collaborating with local public health agencies to increase awareness of prediabetes or to sponsor screening events. Consider using local media such as radio, newspaper, and social media to raise awareness of prediabetes and your CDC-recognized lifestyle change program. The Ad Council has developed a [Prediabetes Awareness Toolkit](#) that you may find helpful.





When planning and conducting your Session Zero, keep in mind that some Medicare participants may need help with transportation, caregiving responsibilities, and accessibility due to physical limitations. Be aware of the English language skills and literacy/health literacy levels of the older adults you are attempting to recruit, as well as any cultural issues that may be relevant.

Engage health care providers, community health workers, and community-based organization staff who are trusted among the populations you are working with to establish the credibility and trustworthiness of your program.

After developing a better understanding of your local target audience and potential participants, you will then recruit and enroll them in your organization's program. This process may include establishing a referral network and holding a Session Zero (an introductory pre-class session) to assess potential participants' readiness for lifestyle change.

See the [Keys to Success Tip Sheet: Recruiting Participants for your Type 2 Diabetes Prevention Lifestyle Change Program](#) for more information.

## CONDUCTING A SESSION ZERO

A Session Zero is used to engage and enroll participants in the year-long lifestyle change program. This free session often includes testimonials from individuals who have successfully participated in the program, and offers prospective participants an opportunity to ask questions and better understand the program's structure and required commitment.

During this session you can explain the program, set expectations, review the time commitment involved, and ask participants questions to assess their readiness for lifestyle change. This will ensure those initially interested in the program are clear on the level of commitment required before they enroll. You can learn more about conducting a Session Zero in the recruiting participants segments of the [Lifestyle Coach and Technical Assistance video series](#).



## RETAINING MEDICARE PARTICIPANTS

The lifestyle change program starts with the Lifestyle Coach. His or her goal is to implement the CDC-approved curriculum and establish personal rapport with program participants while also providing support and guidance. When engaging older adults, Lifestyle Coaches will want to exercise compassion and patience, make suggestions rather than demands, ask instead of assume, use “I” statements that suggest teamwork and collaboration, and offer choices when possible. Lifestyle coaches should be respectful, encouraging, supportive, and complimentary to make all participants feel safe and comfortable, and should draw on the extensive life experience of the older adults they are working with.

### Key activities for Lifestyle Coaches include:

- » Conducting check-ins and following up with participants – Be aware of hearing and vision issues that may affect some Medicare beneficiaries.
- » Facilitating team building among program participants – Some older adults spend a

significant amount of time alone, so this socialization opportunity is important.

- » Facilitating motivational discussions – Remember to focus on the specific issues that are important to the participants in the class.
- » Modeling successful behavior change (alumni as coaches or spokespeople) – It is important to use other Medicare beneficiaries to share successful strategies and personal stories on approaches used to overcome specific challenges like limited mobility.
- » Engaging participants and using feedback to enhance the program – Remember, most older adults want and need to socialize with their peers.
- » Facilitating and investing in participant success – Focus on what motivates Medicare beneficiaries. Weight loss may not be their primary motivator, even though it is very important and must occur for success.

To learn more about the role of the Lifestyle Coach, see the most recent [DPRP Standards](#) and the [Lifestyle Coach video series](#).

### Hearing, Vision, and Mobility Challenges

**Hearing:** Approximately one in three people between age 65 and 74 has hearing loss, and nearly half of those older than age 75 have difficulty hearing. Hearing loss is one of the most common conditions affecting older and elderly adults. Hearing loss can be embarrassing and frustrating, and can lead to missed information. Lifestyle Coaches should be sure to speak loudly enough to be heard, check in with participants to be sure they are hearing them, provide information in writing, and minimize distracting noises from inside and outside the meeting space.

**Vision:** Seventeen percent of Americans age 65 and older report having vision-related issues. Older people are more likely to experience vision loss because of age-related eye diseases such as macular degeneration and cataracts. Lifestyle Coaches should have large-print materials available for participants who may need them. Remember that vision issues affect mobility as well. Be sure meeting areas and entranceways are well lit and free of obstructions, and that stairways, in particular, are safe for those with vision issues.

**Mobility:** Many people age 65 and older have some challenges with mobility. According to a 2008 -2012 U.S. Census Bureau report, nearly 40 percent of people age 65 and older had at least one disability. Two-thirds of these people reported difficulty in walking or climbing. CDC-recognized organizations and Lifestyle Coaches should be mindful of mobility challenges when choosing lifestyle change program locations, check the program location for trip and fall hazards, and limit walking distances from the parking lot and/or building entrance to the class location. Also, think about the impact of mobility restrictions on activities of daily living such as cooking and physical activity.



## GETTING STARTED, MONTHS 1-6

During the first six months, the lifestyle change program includes a variety of activities as described below. Think about the unique needs of older adults related to each activity.

- » **Emphasize the overarching goal of preventing type 2 diabetes, and help older adults identify the reasons why prevention is important.**

*For example, many older adults report that staying healthy to travel or spend time with their children and grandchildren are important reasons to make lifestyle changes and delay or prevent type 2 diabetes.*

- » **Focus on making lasting lifestyle changes, rather than simply completing the curriculum, and emphasize how these changes will improve quality of life in the short term.**

*Older adults may see a number of health benefits from the lifestyle change program, including more energy and improvements in existing health conditions.*

- » **Weigh participants at each session to establish a baseline weight and monitor progress.**

*Be sensitive to older adults' perception of their body image when doing regular weight measurements. Privacy may be particularly appreciated by older adults. Private weigh-in time may also be the best opportunity to ask questions about hearing, vision and mobility issues.*

- » **Discuss strategies for self-monitoring of diet and physical activity, building participant self-efficacy, and encouraging social support to maintain lifestyle changes, as well as problem-solving to overcome common weight loss, physical activity, and healthy eating challenges.**

*Peer discussion about what works in terms of self monitoring of diet and physical activity can be particularly helpful. Do not assume all older adults are adverse to using technology, and likewise be sure to have strategies for monitoring that do not involve technology. Socializing and friendly competition can be important to older adults.*

» **Build up to moderate changes in diet and physical activity.**

*Recognize that older adults often have dietary issues related to other chronic health issues, and that taste and food preferences change with age. Some participants may need a more individualized approach to address these issues as well as issues related to the physical task of food preparation. Also, many older adults have limited flexibility, balance issues, and/or limited mobility. Tailor physical activity recommendations to meet the specific needs of your participants.*

» **Provide participants with materials to support program goals.**

*Think about the vision-related needs of older adults, and tailor materials as needed.*

## CONTINUING TO MAKE CHANGES, MONTHS 7-12

People stay engaged when they see or feel they are getting results. To help keep participants on the path to success, your organization will have to work hard to ensure the experience is not only educational and informative, but also fun and engaging. This may involve bringing in guest speakers, holding special events outside of class such as cooking demonstrations and age-appropriate physical activity challenges, or offering incentives for achieving mini milestones. Incentives may include items negotiated and secured through your network of community partners as well as certificates to acknowledge major milestones achieved.

**Research shows that Medicare beneficiaries are very interested in healthy eating and cooking and have time to shop and prepare meals. Incentives related to food and cooking such as grocery store tours, grocery coupons and certificates, garden tours, cooking classes, and cooking supplies are popular with older adults.**

Community partners may be poised and ready to support program participants in their lifestyle change journey, or your organization may collaborate with them to make operational changes to support participants. For example, houses of worship may consider offering healthier options on their menu at social events. Community partners may have ties to your target audience and the Medicare beneficiaries enrolled in your program. Partners may include faith communities, senior centers, senior clubs, and health care providers. Include plans to work with these partners to support older adults as they participate in the program.

Maintain momentum with participants by involving community champions and influencers who can share personal stories about their experience completing the program. Champions or alumni from a previous class may share tips about how they have maintained their weight loss. Other influencers may include representatives from local community-based organizations who have additional resources to share. You can also maintain momentum by establishing social support systems for participants (walking clubs, exercise meetups, and cooking groups, etc.). Peer support from other members of the group who are dealing with the same issues can be a powerful motivator. Peers can reinforce basic principles discussed in class, share successful strategies, and hold each other accountable.

To further encourage ongoing participation, get creative. Participants may benefit from one or more of the following:

» **Make-up sessions – Individuals may occasionally miss a session; help keep them on track by offering make-up sessions when possible.**

*Many older adults want to socialize. Try to offer group make-up sessions.*

» **Incentives for individuals who attend a certain number of consecutive sessions – Partner with local grocery stores to offer food coupons or local department stores to offer fitness-related giveaways.**

*Many Medicare beneficiaries are interested in healthy eating and cooking. Food- and cooking-related incentives can be particularly attractive to them.*



» **Regular check-ins with participants to continuously understand barriers to participation – If individuals miss a session, help them understand how to overcome their barriers to ensure they can make it to sessions on time, every time.**

*Remember to ask about hearing, vision, and mobility issues participants may be experiencing.*

» **Accountability and mutual support – Your program participants may benefit from a buddy system to help them stay engaged and have someone who can help keep them on track.**

*Many older adults spend significant time alone. A buddy system can help meet their need for socialization while also supporting program goals.*

» **Use of appropriate culturally relevant language that is sensitive and considerate to your local community.**

*Participants will respond better when they feel the program is designed for them and takes into account their unique lifestyle and culture.*

See the [Keys for Success Tip Sheet: Increasing Participant Retention for Your Type 2 Diabetes Prevention Lifestyle Change Program](#) for more information.

## Encouraging Program Participation

One Program Coordinator got creative to ensure her participants attended sessions. Here is Mary's story: Mary found that several program participants missed the same sessions. These particular participants loved to socialize but didn't have their own transportation. Mary engaged a staff member to pick them up and bring them to the center for the one-hour session. This gave the participants time in the car to chat and catch up, and when they arrived, they were better able to focus on the session. Doing this made the participants feel special, provided time to socialize, and solved their transportation dilemma. Mary made it clear that the program could not offer this "curbside service" all the time, but it was helpful in showing the participants how much they were valued.







## ▼ PLANNING FOR SUSTAINABILITY

Establishing and sustaining lifestyle change programs can be challenging. It takes commitment from your organization to ensure the program is fiscally sound and maintains its relevancy for those who need it the most. For these reasons, it is important to have a sustainability plan.

You may find that your program functions best as part of an existing institution (hospital or clinic, faith-based organization, senior center, etc.). This may make it easier to recruit and enroll participants, provide a stable and easily accessible location for class sessions, and offer resources and channels to promote the program. It may also make it easier to sustain the program long term.

## RESOURCES

CDC and its partners provide a wealth of resources and materials to help your CDC-recognized organization prepare for and conduct your lifestyle change program.

### UNDERSTANDING YOUR POPULATION

If your local community includes a diverse population with individuals representing different ethnicities, literacy levels, and income levels, you will need to understand how to shape your program to ensure cultural sensitivity. Read more about [cultural competency](#).

[Health literacy](#) is important to ensure your participants are able to fully understand and apply the information to their lifestyle change efforts.

Working with older adults and Medicare beneficiaries successfully requires a greater understanding of their [unique needs and approaches](#) to health care.

### ENSURING PROGRAM READINESS

- » Learn about motivational interviewing. [Motivational interviewing](#) is a technique used to help an individual move from a state of indecision or uncertainty towards finding motivation to making positive decisions and accomplishing established goals.
- » Collaborate with local health care providers and health care organizations to help ensure your program's success. [Learn](#) about how to engage these networks to secure referrals.

[Resources](#) are also available to help you recruit, enroll, and engage participants in your lifestyle change program. New and updated National DPP materials are posted on the CDC website as they become available. Check back often for the latest resources.

### OTHER REFERENCES

**A Primer on Medicare:** Key Facts About the Medicare Program and the People it Covers. (2015). Retrieved June 15, 2017 from The Henry J. Kaiser Family Foundation: <http://files.kff.org/attachment/report-a-primer-on-medicare-key-facts-about-the-medicare-program-and-the-people-it-covers>

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