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#### Introduction

In May 2017, a Diabetes Prevention Engagement Summit was held to draft a state plan to raise awareness of prediabetes and to support and sustain the National Diabetes Prevention Program across Iowa. The Iowa Department of Public Health and the Iowa Diabetes Prevention Team, in collaboration with the Centers for Disease Control and Prevention (CDC) and the National Association of Chronic Disease Directors (NACDD), planned and hosted the meeting. Participants included representatives from public, private and non-profit sectors from throughout the state.



On average, one in three adults in the United States has prediabetes according to the CDC. About nine in 10 people with prediabetes do not know they have it. In Iowa, only 7.8 percent of individuals have been told by a doctor or health care provider that they have prediabetes or are borderline diabetic (Iowa Behavioral Risk Factor Surveillance System [BRFSS], 2016).

The National Diabetes Prevention Program—or National DPP—is a partnership of public and private organizations working to reduce the growing problem of prediabetes and type 2 diabetes. A key priority of the National DPP is to incorporate a lifestyle change program to prevent or delay type 2 diabetes. Thousands of in-person and online lifestyle change programs nationwide are helping participants make lasting lifestyle changes such as eating healthier, adding physical activity into their daily routine and improving coping skills. To ensure a high quality program, the CDC recognizes lifestyle change programs that meet evidence-based standards and show they can achieve results. These standards include following an approved curriculum, facilitation by a trained lifestyle coaches and the submission of data to evaluation each year to show the program is having an impact.

Iowa's Diabetes Prevention Summit brought together a diverse group of organizations from across the state to acknowledge current stakeholders and to engage new ones in the National DPP. All participants learned about national efforts and Iowa's successes to date. The meeting allowed key Iowa partners an opportunity to provide input into the development of a stakeholder-driven action plan to prevent type 2 diabetes through scaling and sustaining the National DPP and CDC-recognized lifestyle change programs.

At the Diabetes Prevention Summit, a subset of attendees participated in one of four breakout sessions to discuss and establish a priority, action steps and commitment for each of the following pillar areas:



- Increase awareness of prediabetes.
- Increase the availability of and enrollment in CDC-recognized diabetes prevention programs.
- Increase clinical screening, testing and referral to CDC-recognized diabetes prevention programs.
- Increase coverage for the CDC-recognized diabetes prevention programs.

Now is the opportunity to achieve a collective impact in Iowa and prevent type 2 diabetes.

#### **Iowa's Diabetes Prevention Action Plan**

Iowa's Action Plan is a result of the united efforts from Iowa stakeholders with support from the CDC and NACDD. The Iowa Diabetes Prevention Team (IDPT) reviewed and revised the draft plan that was created as a product of the Diabetes Prevention Summit. The plan is designed to be implemented by many across the state working in a coordinated manner to achieve a collective impact around a common objective.

Overall
Objective

Decrease the new cases of diabetes among Iowans with prediabetes and those at highest risk, by increasing enrollment and completion of CDC-recognized diabetes prevention programs.

#### **Iowa Diabetes Prevention Team**

The Iowa Diabetes Prevention Team is comprised of vested stakeholders from around the state. These individuals have worked diligently to bring the diabetes incidence rate down through the development of diabetes prevention programs and spreading awareness about prediabetes.



#### **Pillar Overview**

There are four basic areas of focus derived from the four pillars of action. They include:

#### 1. **Awareness** – of National DPP.

CDC estimates that 86 million (one in three) American adults have prediabetes, a condition that puts them at high risk of developing type 2 diabetes. Of those 86 million, nine out of 10 do not even know they have prediabetes. With numbers like this, it is important for everyone – consumers, employers, payers and healthcare providers – to learn about prediabetes and diabetes prevention and to take action.

#### 2. **Availability** – of diabetes prevention programs.

Currently, thousands of sites deliver the National DPP across the United States. These include in-person and online options, as well as programs that are a combination of both. The growing demand for diabetes prevention programs with or pending CDC-recognition also needs to be addressed to ensure program availability meets program demand. This requires building an effectively trained workforce to implement the diabetes prevention program and ensure program quality and standardized reporting.

# 3. **Clinical screening, testing and referral --** to CDC-recognized lifestyle change programs.

Healthcare providers and delivery systems are overwhelmed by the growing number of patients with diabetes. Tools are available to help providers screen, test and refer at-risk patients to diabetes prevention programs that have strong evidence to prevent their progression to type 2 diabetes. Referring patients to National DPP can help meet regulatory, state licensing and board recertification requirements. The recognition requirements allow providers to confidently refer their patients from the clinic to CDC-recognized lifestyle change programs.

#### 4. **Coverage** – of diabetes prevention programs.

Prediabetes and type 2 diabetes are a growing concern for America's workforce. These conditions affect the health and quality of life of millions of United States adults and cost employers and insurers billions of dollars in lost productivity and medical expenses. Evidence shows diabetes prevention programs can cut a person's risk of developing type 2 diabetes in half and reduce their risk of serious conditions associated with diabetes. Obtaining insurance coverage for the National DPP's diabetes prevention program for public and private employees as well as Medicaid beneficiaries is a critical driver for scaling and sustaining the program. Medicare will begin offering the National DPP and CDC-recognized lifestyle change programs as a covered benefit in January 2018 and several states have passed legislation to offer it as a covered benefit for Medicaid beneficiaries.



Pillar One – Awareness of prediabetes and the effectiveness of the CDC-recognized diabetes prevention programs.

Lead: Carol Hibbs - Marshalltown YMCA/YWCA

Short Term Priority – By November 2018, increase Iowa adults who are aware they have prediabetes from 7.8 percent to 15 percent.

*Long Term Priority* – By November 2019, increase Iowa adults who are aware they have prediabetes from 15 percent to 20 percent.

Action Steps	Projected Outcomes	
Identify sectors of the population that have little to no awareness.	Increased awareness of prediabetes and DPPs, especially rural areas	
Develop a media campaign to include social media.	Increased awareness through media	
Create a speaker's bureau to present to different community groups.	Increased knowledge of effectiveness of DPPs	
4. Educate health care providers, dietitians, pharmacists, nurses, etc., on prediabetes.	Increased enrollment in DPPs	
5. Link with the Healthiest State Initiative to incorporate the prediabetes campaign into its efforts.	Increased collaboration with other initiatives	
6. Explore the idea of a celebrity champion.	Increased awareness through possible branding and culture	

- Polk County Health Department
- Des Moines University
- Marshalltown YMCA/YWCA
- Hy-Vee: An Employee-Owned Grocery Store
- Cedar County Public Health Department

- Iowa Board of Nursing
- University of Iowa Hospitals and Clinics
- Drake University: The College of Pharmacy and Health Services
- Palmer College of Chiropractic



Pillar Two – Availability and support of CDC-recognized diabetes prevention programs.

Lead: Andrew Minear – Iowa Department of Public Health

Long Term Priority – By November 2019, create an infrastructure/network of all existing diabetes prevention program (DPP) sites to maximize coordination, availability and participation in DPPs with CDC recognition or pending CDC recognition, with an emphasis on vulnerable populations.

Action Steps	Projected Outcomes
Develop a comprehensive database of DPP sites, coaches and resources.	Increased transparency and information sharing
<ol> <li>Develop a system for communication and information sharing amongst DPP sites and coaches.</li> </ol>	Increased communication between lifestyle coaches and DPPs
3. Create shared service agreements across local agencies and community-based DPPs to maximize coordination and awareness of programs, and to systematically and strategically address gaps.	Increased collaboration between supportive organizations
4. Train coaches and support mentoring.	Increased communication between lifestyle coaches
Support and coordinate stakeholder engagement.	Increased communication between stakeholders

- Iowa Department of Public Health
- Marshalltown YMCA/YWCA
- Cerro Gordo Public Health Department
- Telligen
- Hy-Vee: An Employee-Owned Grocery Store
- Grinnell Regional Medical Center
- Norm Waitt YMCA: South Sioux City
- Iowa Pharmacy Association



Pillar Three – Clinical screening, testing and referral to CDC-recognized diabetes prevention programs in the National DPP.

Lead: Kady Reese – Iowa Healthcare Collaborative

Short Term Priority – By November 2018, create and pilot specific modifiable templates on screening, testing and referral (STR) for a variety of providers and settings that describe the triggers and processes for STR, and follow-up protocols for people with or at-risk prediabetes.

*Long Term Priority* – By November 2019, identify populations and areas within the state where the new protocols and guidelines can be disseminated and implemented.

Action Steps	Projected Outcomes	
Identify providers and settings.	Increased network tracking	
2. Identify and evaluate existing STR protocols to establish consistent guidelines for providers and settings.	Increased effectiveness of current protocols	
Develop new protocols for providers and settings.	Increased referral rates for individuals with prediabetes to DPPs	
4. Pilot test STR protocols and processes before dissemination.	Increased use of STR protocols for more effective identification and treatment for patients with prediabetes	
5. Develop referral tips and tools for patients to enroll in the program and to inform providers about programs in their area that are accepting new referrals.	Increased effectiveness of the referral of patients to DPPs	

- Iowa Department of Public Health
- Marion County Health Department
- Palmer College of Chiropractic
- Community Health Partners
- Iowa Healthcare Collaborative
- Iowa Pharmacy Association
- University of Iowa Hospitals and Clinics
- Mary Greeley Hospital

- Midwestern Public Health Training Center
- Greene County Medical Center
- Hy-Vee: An Employee-Owned Grocery Store



Pillar Four – Coverage of diabetes prevention programs by employers and insurance plans.

#### Lead: Ami Bolles - Telligen

Short Term Priority – By November 2018, develop a matrix of coverage options for the CDC-recognized diabetes prevention programs based on the payer type.

*Long Term Priority* – By November 2019, implement diabetes prevention program coverage with at least one payer.

Action Steps	Projected Outcomes
Identify additional stakeholders to participate in a coverage taskforce.	Increased strength of advocacy group
2. Conduct a coverage meeting to create priority section for matrix, customize for different payers and different landscapes and identify common themes within regions.	Increased coverage for enrollment in DPPs
3. Develop a feedback loop process, schedule a refresher training and include a readiness for increased enrollment among DPP providers.	Increased communication and feedback from DPPs and providers
4. Identify state and local legislators, advocates and other partners with influence to get key decision makers to support prevention.	Increased advocacy of diabetes prevention

- Iowa Medicaid Enterprise
- Iowa Department of Public Health
- AmeriHealth Caritas Iowa
- Telligen
- Leavitt Partners



# **Interested in Collaborating?**

This action plan outlines many objectives to prevent diabetes in Iowa. It provides for the collaboration of many individuals acting as one. The work environment may change and people will move around in careers; it will still be important to be transparent and to pass along the work we do carefully. If you are willing and capable to assist, contact the Iowa Department of Public Health to participate in any of the work mentioned above. We understand these efforts are great, and we appreciate many hands working toward the same goals.

If you have any questions about this Action Plan or would like to be considered as a stakeholder, please feel free to contact any of the following people:

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