

Health Impact Statement

Implement Strategies to Increase Enrollment in CDC-recognized Lifestyle Change Programs

Problem

Prediabetes is a serious health condition that, if left untreated, can lead to type 2 diabetes. In 2017, 7.8% of adult Rhode Islanders said a doctor or other health professional had ever told them that they had prediabetes or borderline diabetes.¹ Approximately 96 million American adults-more than 1 in 3-have prediabetes, and of those with prediabetes, more than 80% do not know they have it.² This means that around 280,000 Rhode Islanders may have prediabetes and not know it. Rhode Island data show that people living below 400% of the federal poverty level (FPL), as well as Black and Hispanic adults, are more likely to have risk factors that increase their risks of prediabetes and type 2 diabetes.³ Beginning in 2018, the Rhode Island Diabetes, Heart Disease, and Stroke Program (RIDHDS) at the Rhode Island Department of Health (RIDOH) began implementing new strategies to address the high burden of prediabetes in the state. Since prediabetes involves



having blood sugar levels that are higher than normal but not high enough yet to be diagnosed as type 2 diabetes, lifestyle changes that help control blood sugar can help prevent prediabetes from progressing to type 2 diabetes. The National Diabetes Prevention Program (DPP) is based on the Centers for Disease Control and Prevention (CDC)-recognized lifestyle change program, a research-based program focusing on healthy eating and physical activity, which shows that people with prediabetes who take part in a structured lifestyle change program can reduce their risk of developing type 2 diabetes by 58% (71% for people ages 60 and older).⁴ To achieve equitable prevention of prediabetes, RIDHDS began implementing strategies to increase enrollment in CDC-recognized lifestyle change programs.

Intervention

RIDHDS's response efforts focused on the following two outcomes: **1**. Increase access to and coverage for the National DPP for people with prediabetes; and **2**. Increase community clinical links that facilitate referrals and provide support to enroll and retain participants in the National DPP. RIDHDS focused on partnering with Rhode Island's Federally Qualified Health Centers and free clinics since the patient populations of these practices are disproportionately people of color and people with low income. In addition, these practices are primarily based in health equity zones. Nearly all health equity zones have very high rates of families living below 400% FPL. As a result, RIDHDS anticipated that targeting resources in those areas was the most effective way of achieving equitable prediabetes prevention. Through funding provided by CDC, RIDHDS began the following activities:

- Convene and broaden the membership of the DPP Stakeholder Network;
- Implement the objectives developed in the State Plan for Prediabetes, in partnership with the DPP Stakeholder Network;
- Conduct DPP Lifestyle Coach Trainings targeting non-physician team members who work with priority populations;
- Assess and strengthen DPP infrastructure in Rhode Island by taking the following steps: 1. Supporting the initial start-up of healthcare organizations to become Diabetes Prevention Recognized Programs, with a focus on underserved communities, and ensure planning for sustainability; 2. Assessing the availability of in-person and virtual National DPP classes; 3. Expanding upon efforts made by existing Diabetes Prevention Recognized Program organizations to offer National DPP virtually; and 4. Exploring opportunities to fund new Diabetes Prevention Recognized Programs;
- Implement Quality Improvement work plan with all existing Diabetes Prevention Recognized Programs;
- Conduct academic detailing to stakeholders to foster recruitment into National DPP classes through the Community Health Network (CHN) Referral System;
- Implement a Value-Based Payment Model with existing CDC-Recognized Lifestyle Change Programs;
- Identify organizations interested in becoming Medicare Diabetes Prevention Program suppliers and provide technical support when needed

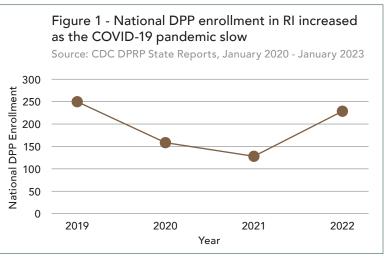
Health Impact

In five years, RIDHDS and its partners achieved substantial progress on state-wide strategies to increase enrollment in CDC-recognized lifestyle change programs, especially National DPP.

DPP Stakeholder Network meetings were held several times each year, despite the challenges of the COVID-19 pandemic and staff turnover, both within RIDOH and its partners. Topics discussed included determining best practices for improving National DPP participation; demonstrating and supporting virtual National DPP; developing resource guides; discussing changes to National DPP performance standards; distributing informational materials that were shared with participants; and discussing upcoming National DPP classes and trainings for lifestyle coaches. In 2018, the DPP Stakeholder Network had 72 members from 15 sectors, including community-based organizations, healthcare, insurance providers, and government agencies. By 2022, although membership decreased to 47, the number of sectors being represented increased to 21 and demonstrated the wide-reaching interest in diabetes prevention.

The marketing campaign carried out through a contract with KSA Marketing resulted in widespread advertising for numerous evidence-based lifestyle programs offered through the Community Health Network. Across all methods of the marketing campaign specific to National DPP promotion, there were a total of 1,362,862 impressions from digital media, and 17,202 clicks. The highest number of impressions and clicks resulted from Google Display (in English and Spanish) and LinkedIn advertising. In addition to the marketing campaign with KSA Marketing, RIDHDS also worked with NBC 10 WJAR to run CHN awareness campaigns that included information on the CHN, available programs, and diabetes education.

Enrollment in the National DPP decreased during the height of the COVID-19 pandemic, but in 2022, enrollment quickly rebounded and continues to rise (Figure 1). Major challenges encountered as a result of the COVID-19 pandemic included staff turnover within RIDOH and its partners, especially those in the healthcare sector; the technical challenges of moving National DPP classes to a virtual platform; and the difficulties of maintaining participant interest in National DPP, especially among those who struggled accessing virtual classes. Despite these challenges, RIDHDS and its partners succeeded in implementing strategies that helped individuals access National DPP during the COVID-19 pandemic and increased enrollment following the pandemic. As an illustration of this success, a program partner provided a success story about one of their participants:



"When the participant first began the program, she was extremely stressed and did not think she would be able to meet the goals of National DPP. Life stressors from being the sole caregiver of ill parents and an ill adult brother were taking a toll. With the encouragement and support from (the DPRP) and her lifestyle coach she has continued the program. The changes she is making with the program's guidance is helping her manage her stress and she is noticing the benefits, from less pain to feeling better about herself. There was a smile on her face, and she is coping better. Regardless of the number on the scale, the participant is seeing results and has her confidence back. Sometimes people don't take care of themselves because they don't think they can (for many reasons). This person realized that she can, despite life's challenges."

In Rhode Island, there is still a need for increased enrollment in evidence-based lifestyle change programs, such as the National DPP, and the successes experienced over the past five years by RIDHDS and its partners show the value of continuing and supporting their efforts.

References

- ¹ State of Rhode Island, Department of Health. Rhode Island Behavioral Risk Factor Surveillance System [2017].
- ² Centers for Disease Control and Prevention. Prediabetes Your Chance to Prevent Type 2 Diabetes. Accessed from <u>www.cdc.gov/diabetes/basics/prediabetes.html</u>. Reviewed September 2022.
- ³ State of Rhode Island, Department of Health. Rhode Island Behavioral Risk Factor Surveillance System [2015, 2016].
- ⁴ Centers for Disease Control and Prevention. About the National DPP. Accessed from <u>www.cdc.gov/diabetes/</u> <u>prevention/about.html</u>. Reviewed September 2022.