

HEALTH IMPACT STATEMENT



UTAH DEPARTMENT OF
HEALTH

Healthy Living Through Environment
Policy and Improved Clinical Care (EPICC)

1422 1.6 – Implement Strategies to Scale and Sustain the National DPP for Priority Populations

I. Problem

Diabetes is a costly disease that can have devastating complications. People with type 2 diabetes almost always have prediabetes before receiving a diagnosis of diabetes. Prediabetes is a condition in which a person has elevated blood sugar levels but not quite high enough to meet the threshold for a diabetes diagnosis. Without intervention, 15 to 30 percent of people with prediabetes will develop type 2 diabetes within five years. Public health efforts that delay or prevent progression can be cost-effective and preserve quality of life. Simple lifestyle changes, such as losing weight and increasing physical activity, can dramatically reduce the risk of progression to type 2 diabetes. The National Diabetes Prevention Program (National DPP) is a partnership of public and private organizations working together to build a nationwide delivery system for a lifestyle change program proven to prevent or delay onset of type 2 diabetes. It is a structured, evidence-based, year-long lifestyle change program that is group-based, facilitated by a trained lifestyle coach, and uses a CDC-approved curriculum. In 2013, roughly 116,000 Utah adults had been told by a health care provider that they had prediabetes. At that time, there was only one National DPP lifestyle change program available in the state, and it was limited to university employees and spouses who were covered under the university health care plan. The need for affordable National DPP classes throughout the state was high.

*"National DPP empowers our employees to continue to be leaders in their discipline throughout their lifetime."
-Salt Lake Community College*

II. Intervention

In 2013, the Utah Department of Health Healthy Living Through Environment, Policy, and Improved Clinical Care Program (EPICC) began to approach partners, health care providers, and health systems to assess their current level of interest in implementing the National DPP. In August 2015, EPICC brought stakeholders together and hosted a two-day symposium on prediabetes. Technical assistance was provided by the National Association of Chronic Disease Directors State Engagement Meeting team. More than 75 different organizations were represented at the meeting, including local health departments (LHDs), large health systems, universities, Utah's Quality Improvement Network, and the Utah chapter of the American Association of Diabetes Educators. The foundation for a network of community and clinical organizations to promote awareness of prediabetes and the National DPP was laid. This network provided an opportunity for partners to learn from each other and share best practices and lessons learned.

EPICC provided funding to LHDs to implement the National DPP throughout the state, with an emphasis on providing access to classes for low-income residents. LHDs accepted the challenge to establish new programs in their health districts and used funds to cover program start-up costs for organizations that serve low-income populations and to provide scholarships to cover the cost of classes for low-income participants.

The largest LHD, Salt Lake County Health Department, encouraged organizations throughout its district to implement the National DPP. This approach would enable organizations with established

trusting relationships with low-income populations to effectively reach a larger proportion of the population. Salt Lake County Health Department staff partnered with the University of Utah during the first year, and then expanded to Salt Lake Community College, both of which implemented the program and continue to provide it for employees as a wellness benefit. During the second year, Salt Lake County Health Department began to offer opportunities for community organizations and clinics that work with low-income populations to apply for funding to implement the National DPP. Some incentives, such as dinner for participants, vouchers for transportation to classes, and vouchers for child care during classes, were provided to low-income participants to increase participation and retention in classes. Salt Lake County Health Department staff were available to provide technical assistance to agencies throughout the health district as they began to implement the program. Additionally, a staff member was trained as a National DPP Master Trainer to train program facilitators (also referred to as lifestyle coaches) for partners.

Several smaller LHD staff found it easier to become trained lifestyle coaches and offer the program in-house rather than try to get buy-in from organizations within the community to offer the program. Some of these LHDs initially ran a trial class offered internally to employees so they could understand the program before offering it to community members. LHD staff worked with community-based organizations, clinics, and agencies that reach low-income populations to promote the National DPP to their clients and patients. LHD staff found success recruiting participants through worksites, local BeWise programs, and social media, including Facebook Live videos. Additionally, LHD staff built relationships with primary care providers and pharmacists to refer patients into programs, which has facilitated increased enrollment and sustainability of programs.

III. Health Impact

The number of organizations offering the National DPP increased from one in 2013 to 25 organizations in 2018 in 10 out of the 13 local health districts in Utah. Several of these organizations offer multiple classes simultaneously. Between January 2014 and January 2018, 1,400 participants have enrolled in the program. While this number represents only a small proportion of Utahns with prediabetes, it represents a substantial growth in participation since the first class was held.

The National DPP Network in Utah now includes more than 120 partners, representing a variety of organizations and sectors, including program coordinators, lifestyle coaches, referral partners, payers, and health systems. These partners have played an important role in establishing, expanding, and sustaining the program. The program coordinator at Salt Lake Community College expressed the value of the program for employees, “The National DPP empowers our employees, with the opportunity to learn about multiple health behaviors from highly trained program facilitators and fellow program participants, such that they can prevent or delay the onset of type 2 diabetes and continue to be leaders in their disciplines throughout their lifetime.”

Program participants have seen great success as well. Among all National DPP participants in Utah that have completed the program, participants lost, on average, 4.1 percent of their overall weight. Salt Lake County Health Department staff collected data from the 16 organizations providing the National DPP in its health district. With a focus on reaching low-income residents, 52 percent of participants were under 185 percent of the federal poverty line. Additionally, staff followed up with 25 participants one year after completing the class. Of these respondents, 48 percent reported no longer having diabetes or prediabetes, and only 4 percent reported that their condition had progressed to type 2 diabetes. Furthermore, 96 percent of respondents reported having remained just as active or becoming more active since starting the National DPP. One participant from Utah County reported, “I was able to reverse my prediabetes and learn how to continue that success.”