Activities to Support, Scale, and Sustain the National Diabetes Prevention Program (National DPP) under 1305 and 1422 – April 2, 2015

Category	Strategies/Activities	1305	1422	Notes
1. Promotion, Awareness, Marketing	Promote awareness of prediabetes and the National DPP among both the general and priority populations at high risk for type 2 diabetes	Required (1305 B. 6) • Grantees should develop strategic marketing and communication plans to promote awareness of both prediabetes and of the National DPP for the general population.	Required (1422 C1, 1.6) • Grantees should build on 1305 efforts and tailor strategic marketing and communication approaches to the priority populations of focus in the states, large cities, and funded communities.	Funds may be used to conduct marketing research (i.e. focus groups, key informant interviews, surveys, etc.) and develop tailored marketing communications.
2. Partner Networks	Create a state/large city network of partners and develop a strategic plan with partner input to scale and sustain the National DPP in the state/large city.	Recommended (1305 B.6, D4, S2) • Grantees may convene stakeholders to help promote awareness of prediabetes and to support the development of strategies to scale and sustain the National DPP.	Required (1422 C1, S1.5) • Grantees must plan and execute data-driven actions through a network of partners and local organizations to help scale and sustain the National DPP in the state/large city.	See 1422 TA Guide for further details.
3. Health Systems, Referrals	Increase referrals to and use of National DPP programs	Required (1305, D4, S2) • Grantees must work with health systems to implement policies and practices to refer people with prediabetes or at high risk for type 2 diabetes to National DPP programs. • Specifically, grantees should work with health systems and providers in the geographic areas surrounding existing organizations offering the National DPP program to ensure that these programs are operating at capacity. • Grantees should explore opportunities for synergy with	Required (1422 C1, S1.5) • Grantees must work with partners, including health system partners such as FQHCs, to recruit and enroll priority populations in the National DPP in funded communities. • Grantees should explore opportunities for synergy with Domain 3 (C2 – working with health systems to improve the quality of care to populations with the highest hypertension and prediabetes disparities.) • Grantees should work with health system partners to obtain	

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		Domain 3 (i.e. implementing referrals as part of an EHR system.) • Grantees should work with health system partners to obtain a data source for PM 4.2.01. • Grantees are encouraged to work with their State Medical Association to promote the AMA/CDC Provider Toolkit to health systems/providers in the state. • Grant funds may be used to "incent" health care providers/large health systems to use the Toolkit by providing funding toward the development and implementation of an EHR screening and referral module. Grantees should consult with their CDC Project Officer on the development of these proposals.	a data source for the PM for C2, S2.5. • Grantees are encouraged to work with their State Medical Association to promote the AMA/CDC Provider Toolkit to health systems/providers in the state/large city.	
4. Health Systems, Screening and Identification	Implement Systems to Identify People with Prediabetes	Recommended (As part of D4, S2) See allowable activities under #3 related to electronic screening and referral systems.	Required (C2, S2.5) • Grantees must work with health systems (and other partners) to implement screening and identification systems for people with prediabetes. • Grantees should explore opportunities for synergy with health systems partners also working to identify patients with undiagnosed hypertension.	See 2014 ADA guidelines at: http://www.ndei.org/treatmentguidelines.aspx AMA/CDC Provider Toolkit can also be used for screening and identification.
5. Bi-directional referrals	Implement systems and increase partnerships to	Recommended (As part of D4, S2) • Grant funds may be used to support the development and	Required (C2, S2.8) • Grantees must work with both health systems and community	See NACDD Success Stories (WA, CO, and NY) at:

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	facilitate bi-directional referral	implementation of 800 or 211 referral systems.	partners to implement bidirectional referral systems (e.g. EHRs, 800 numbers, 211 referral systems, etc.)	http://www.chronicdisease.org/?NDPP
6. Reimbursement, Coverage	Increase reimbursement and/or coverage for National DPP programs and	Required (D4, S2) Focus is on obtaining coverage of National DPP programs for Medicaid and state/local public employees • Grantees should make appropriate contacts with the State Employees Benefit Board and the Medicaid Program to open discussions regarding coverage of the DPP for these populations. • If DPP programs are limited in the states, grantees should explore the possibility of conducting a pilot study in a geographic area with adequate existing resources.	Required (C1, S1.7) Focus is on working with employers and insurers to obtain coverage of the National DPP for private employees • Grantees should make appropriate contacts with insurers about offering the National DPP as a covered health benefit for employees with the goal of securing 3rd party reimbursement for organizations delivering the National DPP using a pay-for-performance model. • Recommended activities may include but are not limited to: 1) engaging group health care purchasing coalitions to offer the National DPP as a covered health benefit (without a co-payment) to employers that are members of a group health care coalition, and 2) participating in insurance broker events to promote offering the National DPP as a covered health benefit for employees.	
7. Pay to Deliver the National DPP for Priority Populations	Pay for delivery of the National DPP for priority populations, including Medicaid beneficiaries.	Not Allowed	Allowed (C1, S1.6) • Grantees may pay to enroll priority populations in existing National DPP lifestyle programs as long as those programs	See 1422 TA Guide for details.

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			voluntarily agree to provide aggregate data on enrollment and outcomes in return.	
8. Pay to Deliver the National DPP for the General Population	Pay for the delivery of the National DPP for the general population.	Not Allowed	Not Allowed	Members of the general population may enroll in new programs started with 1422 grant funds, but must pay the prevailing fee to enroll (insurer, employer, self-pay, out-of-pocket)
9. Funding New DPP programs	Fund organizations to pursue recognition as a National DPP program.	Not Allowed	Allowed (C1, S1.6) • Grantees may fund local organizations for up to two years to pursue recognition as a National DPP lifestyle program and may pay to enroll priority populations in these new programs as long as there are not existing DPP programs with capacity and willingness to serve priority populations. • When determining which organizations to fund under this provision, priority consideration should be given to local organizations that already have an infrastructure to support CDC recognition (i.e. accredited or recognized DSME programs, Y's, Community Extension Agencies, etc.)	Note: The two year time period begins when the organization begins the recognition process and may occur anytime during the four year funding cycle.
10. Supporting the Development of Intervention Sites	Increase use of lifestyle programs in community settings for the primary	Allowed only for states with less than 15 existing DPRP intervention sites. • Grant funds may be provided to		

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	prevention of type 2 diabetes.	ADA/AADE DSME programs to develop a strategic business plan to improve their readiness to pursue CDC recognition and plan for long-term sustainability as a lifestyle change program. Under Domain 4, Strategy 1, grant funds have been allowed to help DSME programs with the first year costs of ADA recognition/AADE accreditation. Funds for business case development as a CDC recognized lifestyle change program should be capped at this level (≤$1,200/site). • Grant funds may be used to "incent" ADA/AADE DSME Programs to become a CDC recognized lifestyle change program. Grant funds cannot be used to start new programs, but they may be used to provide funding for the development and implementation of electronic bidirectional referrals systems (for both DSME and the National DPP.) Grantees should consult with their CDC Project Officer on the development of these proposals.		
11. Lifestyle Coaches	Paying to Train Lifestyle Coaches	Generally Not Allowed • There may be some limited exceptions to this for existing CDC lifestyle programs that are pending or have received recognition if the program can demonstrate that there is a	Allowed • Funds may be used to train lifestyle coaches, but only if they are associated directly with a National DPP program that is pending or has received CDC recognition and is serving a	Note: CHWs may be trained as lay lifestyle coaches if these requirements are met.

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		waiting list of eligible participants and there are no other existing resources with capacity in the geographic area. These exceptions must be reviewed by the CDC project officer. • In conjunction with #10, in states with less than 15 existing Intervention sites, grant funds may be used to pay for the cost of training a lifestyle coach for an ADA/AADE DSME program that has completed an assessment demonstrating their readiness to offer the CDC lifestyle change program.	priority population. This includes new programs started with 1422 funds.	
12. Training and TA for Existing National DPP programs	Work with National DPP programs (those already in the DPRP registry)	Allowed, but only if existing programs voluntarily request help. • National DPP programs are not required to work with 1305 grantees or to provide any additional data on program enrollment or outcomes other than what they are required to report to the DPRP. • Representatives of existing programs may be invited to participate on a statewide partner network and/or to provide input on referral barriers and/or best practices on a voluntary basis. • Recommended TA/training: strengthening skills of lifestyle coaches associated with programs (i.e. training in motivational interviewing.)	Allowed, but only if existing programs voluntarily request help. • Grantees should determine whether existing National DPP programs have capacity and are willing to enroll priority populations and provide aggregate data on outcomes. • Representatives of existing programs should be invited to participate on the state partner network and to contribute to the development of the state strategic plan on a voluntary basis. • Recommended TA/training: strengthening skills of lifestyle coaches associated with programs (i.e. training in motivational interviewing.)	

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13. Training and TA for Potential New DPP Programs	Work with potential National DPP sites	Recommended (As part of B6 and D4, S2) • Grantees may focus on identifying those organizations with the necessary infrastructure and potential to deliver the National DPP lifestyle change program and reach out to appropriate points of contact in those organizations to share more information on the program. • Grantees are encouraged to analyze state data (burden, population, employees with coverage for the National DPP, etc.) to prioritize locations for new programs and to prioritize TA and training activities.	Required (C1, S1.5 and S1.6) • Grantees should especially focus on identifying organizations willing to serve the priority populations of focus in the funded communities, but they may also engage other organizations in the state interested in offering the National DPP program. • Grantees are encouraged to analyze community level data to prioritize locations for new programs that will be started with 1422 funds in order to ensure that any new programs will have significant reach and will be financially sustainable.	
14. CHWs	Increase engagement of CHWs to promote linkages between health systems and community resources for adults with prediabetes or at high risk for type 2 diabetes.	Recommended (As part of B.6 and D4, S2 and S3) • Grantees may work with CHWs to promote awareness of prediabetes and the National DPP. • Grantees may work with health systems to incorporate CHWs into the development and implementation of referral policies and practices • Grantees may work to establish CHW State Associations to promote the work of CHWs in preventing and controlling diabetes • Grantees may work to help develop statewide CHW training	Required (C2, S 2.6) Recommended (C1, S1.6) • Grantees are required to increase the engagement of CHWs to promote linkages between health systems and community resources for adults with prediabetes or at high risk for type 2 diabetes • Grantees may invite CHWs to participate on the partner network. • Grantees may pay to train CHWs as lifestyle coaches (IF they are associated with programs with pending or full CDC recognition) • Grantees may work to develop	

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		and credentialing systems necessary for CHWs to be reimbursed for their work in preventing and controlling diabetes	engagement strategies using CHWs to recruit and enroll priority populations in the National DPP • Grantees may work to establish CHW State Associations to promote the work of CHWs in preventing and controlling diabetes • Grantees may work to help develop statewide CHW training and credentialing systems necessary for CHWs to be reimbursed for their work in preventing and controlling diabetes	