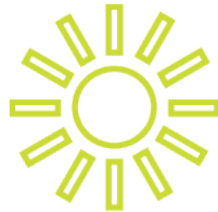


# Scaling Diabetes Prevention Program Efforts in Los Angeles

## Executive Summary and Action Plan



**Prepared for: Los Angeles County Department of Public Health, Division of Chronic Disease and Injury Prevention**

**Prepared by: Ad Lucem Consulting**

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## EXECUTIVE SUMMARY

The National Diabetes Prevention Program (DPP) is a lifestyle modification program that aims to reduce the incidence of type 2 diabetes through diet and exercise behavior change. Because of the success of the original DPP clinical trial, in 2010 the US Congress authorized the Centers for Disease Control and Prevention (CDC) to lead an effort to spread the DPP lifestyle modification program across the nation. The Los Angeles County Department of Public Health (LACDPH) is currently promoting the implementation of the DPP through the CDC 1422 initiative, “State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke.” DPP programs are offered at CBOs, healthcare facilities, wellness centers, and community centers, among other locations across Los Angeles.

### Problem Statement

An evidence base exists describing the effectiveness of the DPP in reducing the onset of diabetes, however little evidence is available to guide DPP scaling and implementation. Specifically, little is known about the most effective way to adapt the DPP to low income and diverse ethnic communities in large, complex metropolitan areas such as Los Angeles.

### Project Goals and Methods

LACDPH wanted to understand the facilitators and barriers to scaling the DPP in Los Angeles as well as the actionable steps to improve the reach and impact of these programs and initiatives. LACDPH contracted Ad Lucem Consulting to conduct a literature review and stakeholder interviews to understand the best practices for scaling DPP efforts and conduct a strategic planning process with a stakeholder group [DPP Community Advisory Board (CAB)] to develop recommendations for action steps needed to promote and scale the DPP in Los Angeles.

### DPP Action Planning

The *DPP Action Plan* guides the CAB’s activities over the next 2 years to scale the DPP. While focused on Los Angeles, the *DPP Action Plan* represents key activities to move diabetes prevention forward that can be used by other local public health departments and coalitions of community partners nationwide.

The *DPP Action Plan* (please see pages 8-13) is organized according to the following 5 strategic areas, which should be implemented simultaneously in order to maximize impact:

#### A. Increase the Supply and Capacity of DPP Providers

Several strategies were identified to expand the reach of the DPP in a large metropolitan area, beginning with developing a map of current DPPs and community organizations to identify DPP service gaps in high need areas. An effective and innovative use of resources involves supporting existing CDC-recognized DPP providers to establish satellite DPP program sites at local community organizations. Additionally, DPP provider supply will be expanded by providing training and technical assistance to local community organizations interested in and ready to obtain CDC recognition.

In addition to increasing the supply of DPP providers, the capacity to provide socially and culturally relevant DPPs will be enhanced by tailoring current DPP curricula, materials and Certified Life Coach trainings to meet the needs of cultural and linguistic groups in a large metropolitan area.

## B. Increase Demand for the DPP

In order to increase the demand for the DPP, trusted and culturally-relevant organizations and individuals (e.g., community groups, churches, promotores/diabetes educators) will be engaged to promote prediabetes screening and the DPP. Adapting and disseminating non-invasive risk assessments as well as promoting the national ADA/AMA/CDC prediabetes campaign will increase public awareness of prediabetes. Conducting outreach to key employers of high-risk groups will also promote DPP enrollment.

## C. Engage the Healthcare System

The healthcare system is an invaluable partner in all efforts to promote the DPP. In addition to educating healthcare providers on the importance of integrating prediabetes screening and DPP referral into usual care, lab reports can be modified to identify prediabetes and electronic medical records (EMR) can be used to generate prediabetic patient lists and automatic referrals to the DPP. Pilot projects that test both prediabetes lab reporting and the use of EMR to promote prediabetes screening and DPP referrals will add to the evidence base for diabetes prevention best practices. Existing tools describing the DPP return on investment (ROI) will be disseminated to health system stakeholders. Finally, efforts to create financial and quality measure incentives for prediabetes will facilitate action on prediabetes in the clinical setting.

## D. Conduct DPP Implementation Research/Evaluation

There is a general lack of understanding regarding the prevalence of prediabetes, and systems for ongoing data collection, analysis and reporting must be established. The implementation of the DPP will be evaluated in existing pilot sites, and an evaluation toolkit will be developed and disseminated to promote consistent and feasible DPP evaluation strategies, producing data that contribute to the DPP evidence base.

## E. Develop Internal/Operational Capacity of Community Advisory Board

Establish a process for recruiting new members to a coalition such as the CAB to assure representatives from all appropriate sectors share the DPP knowledge base and are mobilized around diabetes prevention and DPP promotion. Reviewing the *DPP Action Plan* periodically assesses progress on goals and provides an opportunity for plan modification to ensure ongoing relevance.

## **Role of Local Public Health Departments in Scaling the DPP**

A key finding from this project is the importance of *partnership* between local public health departments and DPP stakeholders to effectively implement and expand the reach of the DPP in their communities. Lessons can be drawn from the experience in Los Angeles to help guide local public health departments nationwide that are seeking to expand the DPP.

### A. Lead Local DPP Efforts

Local public health departments should implement DPP pilot projects in local agencies and organizations that are designed to increase referral to and participation in the DPP as well as improve program delivery. Through efforts to pilot DPP innovations, local public health departments can develop DPP models that meet the needs of low-income and diverse ethnic groups.

Local public health departments can also provide leadership to the national DPP field by using lessons learned locally to inform policy and systems changes such as federal guidelines and healthcare quality measures for prediabetes screening or including prediabetes notification on lab reports.

#### B. Serve as a Convener and Relationship Broker between DPP Stakeholders

Through convening community coalitions such as the CAB or by hosting larger convenings such as a *DPP Symposium*, local public health departments can provide a forum for strategic thinking to promote DPP efforts across their communities and disseminate DPP best practices.

Engaging the community coalition in the development and periodic review and update of a *DPP Action Plan* will assure that the coalition holds itself accountable to the activities in the action plan, builds on past accomplishments, addresses emerging opportunities, and implements strategies to overcome challenges. Establishing a process for inviting new members to the coalition facilitates further participation from key stakeholder groups such as healthcare providers, insurers and community-based organizations (e.g. potential DPP providers).

#### C. Provide Technical Assistance to DPP Stakeholders

Through technical assistance, local public health departments can disseminate best practices and play an important role in assuring that the DPP is culturally, linguistically, and geographically accessible to diverse high-risk communities. Technical assistance can be designed to assist current DPP providers with establishing additional sites as well as support community-based organizations and lifestyle coaches to attain official CDC DPP recognition.

Local public health departments are well positioned to educate key stakeholders such as healthcare providers to increase prediabetes awareness and promote prediabetes screening and DPP referrals. Vehicles to influence healthcare providers to address prediabetes include: conducting prediabetes CME webinars, disseminating toolkits such as the Prevent Diabetes STAT Toolkit, and providing technical assistance on using electronic medical records (EMR) to facilitate prediabetes screening and referral to the DPP.

#### D. Evaluate DPP Efforts and Disseminate Best Practices

Local public health departments can use their expertise around data collection, analysis and evaluation to build the evidence base for DPP implementation best practices. Through developing DPP evaluation methods and tools as well as cross-program data sets and analyses, local public health departments can play an important role in improving and maintaining ongoing reporting of DPP accomplishments and challenges.

##### **Convener and Relationship Broker**

- *Leverage credibility and existing connections to bring key stakeholders together to share best practices; and create, implement and regularly update a DPP Action Plan.*
- *Expand outreach to broaden a DPP community coalition (e.g., DPP Community Advisory Board) to include more healthcare providers, insurers, and community-based organizations.*

##### **Technical Assistance Provider**

- *Provide technical assistance and training to DPP providers, community-based organizations and lifestyle coaches.*
- *Adapt and disseminate DPP materials for low-income and linguistically diverse populations.*
- *Educate healthcare providers to increase awareness and knowledge of DPP.*

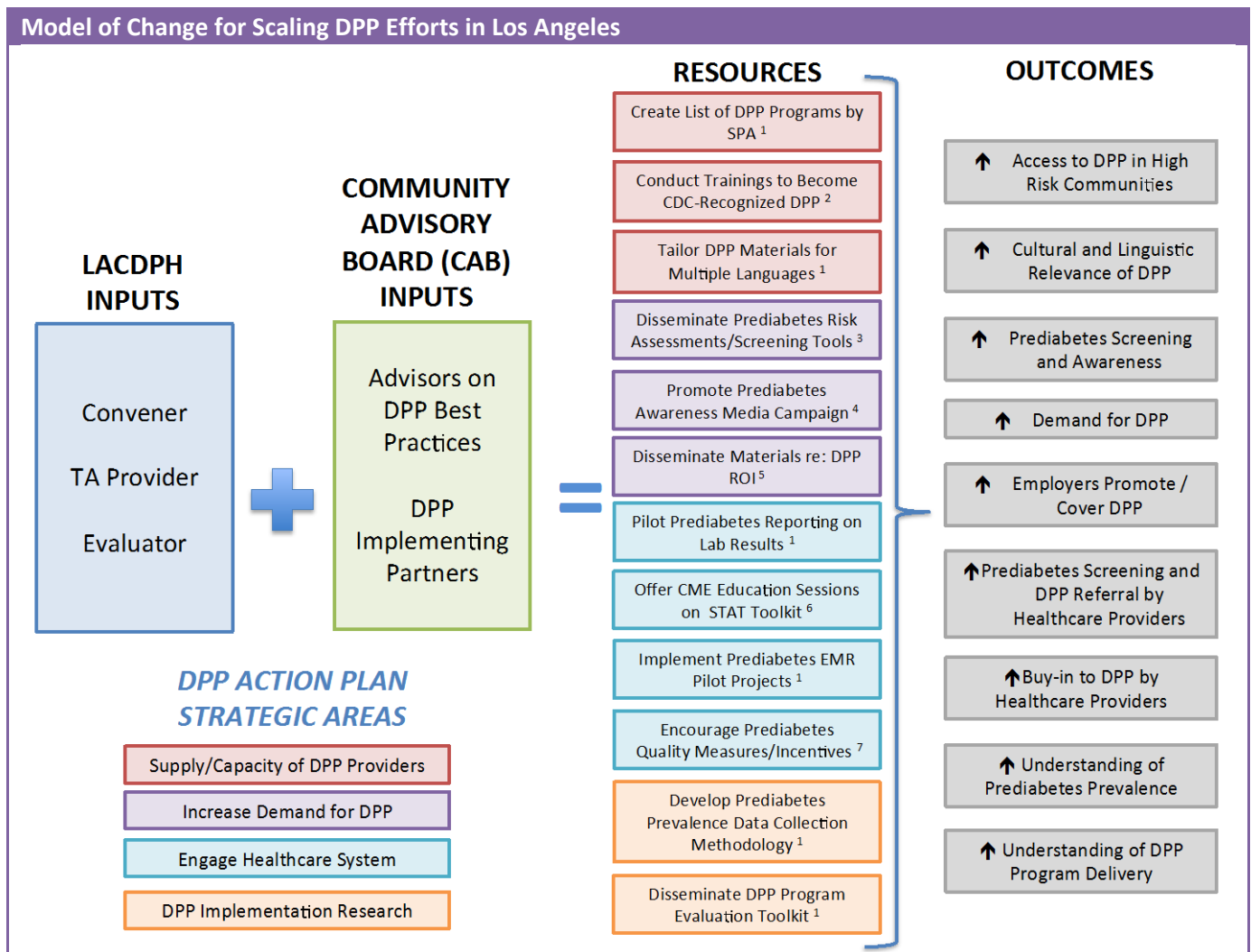
##### **Evaluator**

- *Build the local DPP evidence base:*
  - *Provide data on local DPP needs and program efficacy.*
  - *Disseminate data and research.*
- *Publish and disseminate implementation studies to build the field.*

## Model of Change for Scaling DPP Efforts in Los Angeles

The following figure summarizes the proposed *Model of Change* for scaling DPP efforts in a large metropolitan area such as Los Angeles. The model illustrates how LACDPH and the CAB work together to implement the activities captured in the *DPP Action Plan* to disseminate existing resources and produce additional resources as needed that support scaling the DPP and result in outcomes that ultimately expand DPP accessibility and utilization.

The *Model of Change* can be used by other local public health departments and community coalitions nationwide to help move diabetes prevention forward in their communities:



1. Developed by LACDPH and/or CAB members
2. CDC Diabetes Prevention Recognition Program (<http://www.cdc.gov/diabetes/prevention/lifestyle-program/index.html>)
3. CDC Prediabetes Screening Test (<http://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>); PSA Campaign: Do I Have Prediabetes? Risk Test (<https://doihaveprediabetes.org/prediabetes-risk-test.html>); ADA Type 2 Diabetes Risk Test (<http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/>)
4. ADA, AMA, CDC and Ad Council PSA Prediabetes Campaign (<http://www.doihaveprediabetes.org>)
5. AMA DPP ROI Calculator (<https://ama-roi-calculator.appspot.com/>)
6. ADA, CDC Prevent Diabetes STAT (<http://www.ama-assn.org/sub/prevent-diabetes-stat/for-health-care-professionals.html>)
7. HEDIS Measure Development Process (<http://www.ncqa.org/hedis-quality-measurement/research/hedis-measure-development>)

## Stakeholder Interviews Key Findings

The following key themes emerged from analysis of more than 30 stakeholder interviews regarding best practices for scaling the DPP.

### A. Strategies for Increasing DPP Referrals

Interviewees felt that DPP referrals should fit easily into existing systems without causing additional work for the healthcare provider, and interviewees suggested using EMR to automate the referral process. Many interviewees mentioned the need for healthcare provider education on the DPP to increase awareness of prediabetes and the importance of DPP referrals.

### B. Strategies for Increasing DPP Enrollment

Interviewees frequently suggested using public education campaigns as a way to increase public awareness of the DPP and increase demand for the program. Pairing outreach materials with prediabetes screeners and conducting DPP enrollment at prediabetes screening events take advantage of elevated motivation for action at the moment a potential enrollee learns about prediabetes or the DPP. Interviewees identified a variety of strategies to ensure the DPP is tailored to participant needs – especially those from low-income and diverse ethnic communities – such as: engaging lifestyle coaches who are from the communities being served; translating materials into multiple languages and literacy levels; and offering the program where people live and work.

### C. DPP Models and Program Capacity

Interviewees agreed that there were no major differences in effectiveness between DPP models and discussed the importance of having a variety of programs. Interviewees noted that community-based programs reach participants where they are, but that participants often have to pay for the program out of pocket. Employer-based programs are convenient for employees in terms of location and co-worker support but raise concerns over lack of privacy that can result in low levels of engagement by employees. Many interviewees felt that online programs provide a convenient option for geographically dispersed participants or those without a traditional work schedule, but stakeholders voiced concern about the lack of in-person group support in online programs.

### D. DPP Reimbursement and Coverage

A single, one-size-fits-all approach to securing reimbursement for the DPP didn't emerge from the interviews, however there was consensus among interviewees that more work needs to be done to understand all of the factors that will incentivize insurance companies and employers to pay for the DPP. Interviewees suggested targeted outreach to influential partners such as professional associations or healthcare groups in order to increase DPP reimbursement, and suggested specific strategies such as increasing understanding of the DPP return on investment (ROI) and creating a Healthcare Effectiveness Data and Information Set (HEDIS) measure for prediabetes.

## Literature Review Key Findings

Over the last 5 to 6 years, attention has been placed on evaluating the DPP in a variety of geographical and cultural settings as it is implemented across the US. The following table summarizes overall best practices regarding scaling the DPP found in the literature. Literature review findings aligned with the key findings from the stakeholder interviews.

### A. Build a “Coalition of the Willing”

- Seek out partners who value prevention in order to build a coalition of people and organizations that understand the potential impact of the DPP.
- When expanding the DPP into new worksites, reach out to employers who have formal health and wellness goals.

### B. Form Multi-Sectoral Relationships

- Build relationships and create multi-stakeholder teams for all efforts related to DPP expansion in order to increase understanding between different parties and address challenges early on. For example:
  - Engage *local public health departments*, who can act as conveners to hold these meetings.
  - Include *physicians* in conversations about healthcare referrals to DPP to increase understanding between DPP providers and healthcare teams and allow for greater success by identifying challenges early on.
  - Invite *health care plans* to stakeholder meetings to discuss payment options for DPP and possible avenues for coverage instead of simply telling insurers that they have to cover the program.

### C. Expand DPP Offerings

- Expand DPP offerings directly into target communities.
- Offer programs in neighborhoods with high rates of diabetes and hire lifestyle coaches directly from those communities.

### D. Create Feedback Loops

- Create feedback loops between all stakeholders working on different aspects of the DPP in order to share information on specific participants and the overall success of the programs.
  - Feedback loops can be *specific to individual participants*. For example, feeding information back to a healthcare provider after a patient has attended the DPP can increase efficiency of care as well as buy-in from the healthcare provider and the patient.
  - Feedback loops can be *defined more broadly*, relating to the success of the DPP in general. For example, focusing on the evaluation of new types of programs will increase understanding of best practices.



**ACTION PLAN FOR SCALING THE DPP IN LOS ANGELES**

<b>A. Increase the Supply and Capacity of DPP Providers</b>			
<b>ACTIVITIES</b>	<b>ROLES</b>	<b>OUTCOMES</b>	<b>TIMELINE</b>
<p><b>1. Expand network of CDC-recognized DPP providers</b></p> <ul style="list-style-type: none"> <li>Map current DPPs by Service Planning Area (SPA)               <ul style="list-style-type: none"> <li>Disseminate and periodically update list of current DPP providers compiled by LACDPH</li> <li>Ensure list is easily accessible to the public</li> </ul> </li> <li>Identify community organizations in highest need areas</li> <li>Promote existing CDC-recognized DPP providers’ establishment of “satellite program sites” at local community organizations               <ul style="list-style-type: none"> <li>Existing DPP providers to “train the trainers” at local community organizations</li> </ul> </li> <li>Encourage small organizations serving low-income and ethnic populations to become recognized DPP providers               <ul style="list-style-type: none"> <li>Make the CDC DPP recognition process understandable and accessible to local community organizations</li> </ul> </li> <li>Conduct training/TA for local community organizations to obtain CDC recognition<sup>1</sup></li> <li>Convene DPP providers and potential providers to SPA-based convenings to discuss challenges and strategies that work</li> <li>Continually explore and identify funding sources for DPP program expansion               <ul style="list-style-type: none"> <li>Potential funders include: ADA, AMA and hospital benefit departments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>LACDPH completes master list of current DPPs by SPA</li> <li>CAB works with partners (e.g. Office of Women’s Health, ADA) to make list of DPPs easily accessible to the public</li> <li>CAB Outreach and Education subcommittee identifies local community organizations as potential satellite sites</li> <li>CAB subcommittee identifies CBOs ripe for training, identifies trainers and facilitates trainings/ TA implementation</li> <li>CAB Access and Coverage subcommittee explores funding sources for DPP program expansion including for CBOs to become DPP recognized providers</li> </ul>	<ul style="list-style-type: none"> <li>Increased reach of DPP into diverse communities</li> <li>Increased number of CDC-recognized DPP providers/satellite sites</li> <li>Increased number of small, culturally competent organizations providing CDC-recognized DPPs</li> </ul>	<p><u>Year 1:</u></p> <ul style="list-style-type: none"> <li>Finish mapping current DPPs by SPA</li> <li>Identify local community organizations in highest need areas</li> </ul> <p><u>Years 2-3:</u></p> <ul style="list-style-type: none"> <li>Disseminate and periodically update list of DPPs</li> <li>Conduct training/TA for local community organizations</li> <li>Continually explore funding sources for DPP program expansion</li> </ul>
<p><b>2. Improve social and cultural relevance of DPP</b></p> <ul style="list-style-type: none"> <li>Tailor DPP curricula/materials and life coach trainings to meet the needs of a variety of cultural and linguistic groups</li> <li>Identify top 5 languages/cultures to focus on</li> <li>Incorporate social/emotional health into DPP programs and provider trainings to address mental health issues of participants</li> </ul>	<ul style="list-style-type: none"> <li>CAB subcommittee facilitates resources and/or funding for CBOs to adapt/create curricula and materials</li> <li>LACDPH facilitates creation of a model for enhancing life coach capacity</li> <li>CAB disseminates curricula/materials</li> </ul>	<ul style="list-style-type: none"> <li>DPP reaches broader range of linguistic and cultural groups</li> <li>DPP responds to social/emotional/mental health needs of program participants</li> </ul>	<p><u>Year 1:</u></p> <ul style="list-style-type: none"> <li>Tailor DPP curricula/materials</li> </ul> <p><u>Years 2-3:</u></p> <ul style="list-style-type: none"> <li>Disseminate curricula/materials</li> </ul>

<sup>1</sup> CDC Diabetes Prevention Recognition Program (<http://www.cdc.gov/diabetes/prevention/lifestyle-program/index.html>)



<b>B. Increase Demand for the DPP</b>			
<b>ACTIVITIES</b>	<b>ROLES</b>	<b>OUTCOMES</b>	<b>TIMELINE</b>
<p><b>1. Engage trusted, culturally-relevant organizations/ individuals to promote prediabetes screening/DPP</b></p> <ul style="list-style-type: none"> <li>Enlist organizations and individuals (e.g. promotoras/diabetes educators, churches, community groups, healthcare systems) to conduct prediabetes screenings and concurrent DPP promotion and referral</li> <li>Adopt, adapt, and disseminate non-invasive risk assessments/screening tools in a variety of formats (e.g. pamphlets, posters, online quizzes)<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>CAB identifies and meets with organizations [e.g. American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), Community Clinic Association of Los Angeles County (CCALA), promotora organizations, California Quality Collaborative, Covered California]</li> <li>CAB disseminates risk assessments/screening tools</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of individual prediabetes risk among high risk populations</li> <li>Increased public awareness and demand for DPP</li> <li>Community organizations/leaders provide referrals to DPP</li> </ul>	<p><u>Year 1:</u></p> <ul style="list-style-type: none"> <li>Meet with key organizations</li> </ul> <p><u>Years 2-3:</u></p> <ul style="list-style-type: none"> <li>Adapt and disseminate risk assessments</li> </ul>
<p><b>2. Increase public awareness of prediabetes</b></p> <ul style="list-style-type: none"> <li>Promote the ADA/AMA/CDC national prediabetes awareness campaign<sup>3</sup></li> <li>Encourage traditional, social media and other channels to distribute the campaign <ul style="list-style-type: none"> <li>Focus on media that reach high-risk ethnic populations including neighborhood-based media</li> <li>Focus on healthcare providers that reach high-risk ethnic populations</li> </ul> </li> <li>Engage influential “voices” to promote the campaign</li> <li>Engage community organizations in promoting the campaign</li> </ul>	<ul style="list-style-type: none"> <li>CAB develops a strategy for promoting the prediabetes awareness campaign</li> <li>CAB works with community organizations to disseminate media campaign</li> </ul>	<ul style="list-style-type: none"> <li>Increased public awareness of the health risks of pre-diabetes</li> <li>Increased public knowledge of the preventable nature of type 2 diabetes</li> <li>Greater demand and utilization of DPPs</li> </ul>	<p><u>Year 1:</u></p> <ul style="list-style-type: none"> <li>Develop dissemination strategy</li> <li>Disseminate the campaign</li> </ul> <p><u>Years 2-3:</u></p> <ul style="list-style-type: none"> <li>Continue disseminating campaign</li> </ul>
<p><b>3. Conduct outreach to employers to promote DPP</b></p> <ul style="list-style-type: none"> <li>Explore existing models for outreach to employers</li> <li>Produce materials/presentations that present the DPP Return on Investment (ROI), e.g. decreased absenteeism, increased productivity</li> <li>Work with key organizations that provide access to and influence employers</li> </ul>	<ul style="list-style-type: none"> <li>LACDPH/CAB adapts/creates DPP ROI materials and presentations</li> <li>CAB disseminates DPP ROI materials and presentations</li> <li>CAB subcommittee develops a list of organizations and employers (e.g. LA Chamber of Commerce)</li> </ul>	<ul style="list-style-type: none"> <li>Increased availability of employer-based DPP</li> <li>Increased employer reimbursement for DPP costs</li> </ul>	<p><u>Year 1:</u></p> <ul style="list-style-type: none"> <li>Explore existing models for employer outreach</li> <li>Gather materials regarding DPP ROI</li> </ul>

<sup>2</sup> CDC Prediabetes Screening Test (<http://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>); PSA Campaign: Do I Have Prediabetes? Risk Test (<https://doihaveprediabetes.org/prediabetes-risk-test.html>); ADA Type 2 Diabetes Risk Test (<http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/>)

<sup>3</sup> ADA, AMA, CDC and Ad Council PSA Prediabetes Campaign (<http://www.doihaveprediabetes.org>)

B. Increase Demand for the DPP			
ACTIVITIES	ROLES	OUTCOMES	TIMELINE
<ul style="list-style-type: none"> <li>Engage employers to provide the DPP free of charge to employees onsite, or to refer employees to other DPP providers               <ul style="list-style-type: none"> <li>Leverage YMCA relationships with employers to include provision of DPP</li> <li>Partner with health insurance plans to pilot offering a better rate to employers if the DPP is covered</li> </ul> </li> <li>Facilitate healthy competition by inviting employers to publicize DPP success stories</li> </ul>	Health Committee chapters; unions, Human Resource professionals) for CAB to meet with		<u>Years 2-3:</u> <ul style="list-style-type: none"> <li>Identify and engage employers and health insurance plans</li> <li>Facilitate healthy competition</li> </ul>

C. Engage the Healthcare System			
ACTIVITIES	ROLES	OUTCOMES	TIMELINE
<b>1. Modify lab reports to identify prediabetes *High priority</b> <ul style="list-style-type: none"> <li>Partner with ADA, Kaiser Permanente (already reports prediabetes in lab results), national groups and lab regulatory bodies to discuss prediabetes lab reporting</li> <li>Develop strategies for influencing the large lab companies (e.g. Quest, ARUP, LabCore, and Pathology Inc.) to report prediabetes</li> <li>Implement pilot project on prediabetes lab reporting to provide proof of feasibility, cost and impact</li> </ul>	<ul style="list-style-type: none"> <li>CAB identifies and meets with organizations (e.g. ADA, Kaiser Permanente)</li> <li>LACDPH conducts research (e.g. data collection and analysis) to inform pilot project</li> <li>CAB facilitates host sites for pilot project</li> </ul>	<ul style="list-style-type: none"> <li>Increased reporting of prediabetes to patients</li> <li>Increased DPP referrals by healthcare providers</li> </ul>	<u>Year 1:</u> <ul style="list-style-type: none"> <li>Engage partners and develop strategy for pilot project</li> </ul> <u>Years 2-3:</u> <ul style="list-style-type: none"> <li>Implement pilot project</li> </ul>
<b>2. Educate healthcare providers on prediabetes screening and DPP</b> <ul style="list-style-type: none"> <li>Survey clinics to understand how they approach prediabetes</li> <li>Identify key individuals/organizations to facilitate conversations with healthcare systems</li> <li>Disseminate (and adapt as needed) materials and toolkits (e.g. Prevent Diabetes STAT Toolkit<sup>4</sup>) to educate providers on DPP and US Preventive Services Taskforce (USPSTF) prediabetes screening guidelines *High priority               <ul style="list-style-type: none"> <li>Focus on healthcare providers in zip codes with high-risk populations</li> </ul> </li> <li>Integrate Prevent Diabetes STAT content into webinars with CME credits</li> </ul>	<ul style="list-style-type: none"> <li>LACDPH conducts research (e.g. survey clinics)</li> <li>CAB subcommittee adapts materials and toolkits (e.g. Prevent Diabetes STAT Toolkit) as needed</li> <li>CAB subcommittee identifies individuals/ organizations (e.g. chief medical officers; CCALA) and assigns CAB members to meet with them</li> <li>LACDPH/CAB provides TA and webinars to healthcare providers</li> </ul>	<ul style="list-style-type: none"> <li>Increased provider knowledge base</li> <li>Increased prediabetes screening by healthcare providers</li> <li>Increased DPP referrals by healthcare providers</li> </ul>	<u>Year 1:</u> <ul style="list-style-type: none"> <li>Survey clinics</li> <li>Identify key individuals/ organizations</li> <li>Adapt Prevent Diabetes STAT toolkit</li> </ul> <u>Years 2-3:</u> <ul style="list-style-type: none"> <li>Disseminate Prevent Diabetes STAT toolkit to providers</li> <li>Conduct webinars</li> </ul>

<sup>4</sup> ADA, CDC Prevent Diabetes STAT (<http://www.ama-assn.org/sub/prevent-diabetes-stat/for-health-care-professionals.html>)

C. Engage the Healthcare System			
ACTIVITIES	ROLES	OUTCOMES	TIMELINE
<p><b>3. Promote use of Electronic Medical Records (EMR) to generate prediabetic patient lists and generate automatic referrals</b></p> <ul style="list-style-type: none"> <li>Implement pilot project in existing pilot sites <ul style="list-style-type: none"> <li>Query EMR to generate lists of prediabetic patients</li> <li>Utilize EMR to generate patient communications and automatic referrals to DPP and other chronic disease prevention resources</li> <li>Create feedback loops between DPP and healthcare providers to track patient DPP enrollment and progress (e.g. AppleCare, YMCA currently have monitoring systems)</li> </ul> </li> <li>Create and disseminate materials/toolkits on using EMR to generate patient lists and referrals to DPP</li> </ul>	<ul style="list-style-type: none"> <li>LACDPH conducts research (e.g. data collection and analysis, pilot project)</li> <li>LACDPH/CAB subcommittee adapts/creates EMR materials and toolkits</li> <li>CAB disseminates EMR materials/toolkits to health systems</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of prediabetes in patient and provider population</li> <li>Increased referral to DPP</li> <li>Increased enrollment in DPP</li> </ul>	<p><u>Year 1:</u></p> <ul style="list-style-type: none"> <li>Implementation in existing pilot sites</li> </ul> <p><u>Years 2-3:</u></p> <ul style="list-style-type: none"> <li>Create/ disseminate toolkits</li> <li>Consider identifying new pilot sites</li> </ul>
<p><b>4. Create financial and quality measure incentives for addressing prediabetes</b></p> <ul style="list-style-type: none"> <li>Compile existing analyses of DPP ROI<sup>5</sup></li> <li>Partner with health and medical organizations to promote: <ul style="list-style-type: none"> <li>Creating Healthcare Effectiveness and Data Information Set (HEDIS) measures for prediabetes screening<sup>6</sup> *High priority</li> <li>Including prediabetes screening in National Committee for Quality Assurance (NCQA) regulatory requirements for quality of care</li> <li>Incorporating DPP in Patient Centered Medical Home (PCMH) certification</li> </ul> </li> <li>Engage clinics/providers in projects that focus on DPP referral processes <ul style="list-style-type: none"> <li>Develop a process to integrate DPP within PCMH certification</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>LACDPH compiles/researches existing analyses of DPP ROI</li> <li>CAB subcommittee identifies key organizations (e.g. CDC, CCALAC)</li> <li>CAB meets with key organizations (e.g. CDC, CCALAC)</li> <li>CAB disseminates information regarding DPP ROI and prediabetes screening and referral</li> </ul>	<ul style="list-style-type: none"> <li>Increased DPP buy-in from healthcare and public health sectors</li> <li>Increased referral to DPP</li> </ul>	<p><u>Year 1:</u></p> <ul style="list-style-type: none"> <li>Compile economic analysis</li> </ul> <p><u>Years 2-3:</u></p> <ul style="list-style-type: none"> <li>Partner with health and medical groups</li> <li>Disseminate DPP ROI analyses and information regarding prediabetes screening and referral</li> </ul>

<sup>5</sup> AMA DPP ROI Calculator (<https://ama-roi-calculator.appspot.com/>)

<sup>6</sup> HEDIS Measure Development Process (<http://www.ncqa.org/hedis-quality-measurement/research/hedis-measure-development>)

D. Conduct DPP Implementation Research/Evaluation			
ACTIVITIES <i>*Across all the following activities, focus on the Medicaid/Medicare populations</i>	ROLES	OUTCOMES	TIMELINE
<b>1. Evaluate local prediabetes data in existing pilot sites</b> <ul style="list-style-type: none"> <li>Identify methods for collecting prediabetes prevalence data               <ul style="list-style-type: none"> <li>Update and administer the prediabetes survey conducted by LACDPH/ADA</li> <li>Use synthetic prediabetes estimates to identify geographies with high need populations</li> </ul> </li> <li>Monitor ongoing data collection and analysis (possible sources include AppleCare, UCLA, and United Healthcare county employee data)</li> <li>Report and disseminate prediabetes data tracking best practices</li> </ul>	<ul style="list-style-type: none"> <li>CAB subcommittee identifies and prioritizes data sources</li> <li>LACDPH conducts research (e.g. data collection and analysis, pilot project)</li> <li>CAB disseminates information regarding prediabetes prevalence and prediabetes data tracking best practices</li> </ul>	<ul style="list-style-type: none"> <li>Increased understanding of prediabetes prevalence</li> <li>Increased understanding of prediabetes data tracking best practices</li> </ul>	<u>Year 1:</u> <ul style="list-style-type: none"> <li>Identify data collection methods</li> </ul> <u>Years 2-3:</u> <ul style="list-style-type: none"> <li>Collect, analyze, report and disseminate data</li> </ul>
<b>2. Conduct DPP implementation evaluation in existing pilot sites</b> <ul style="list-style-type: none"> <li>Key areas for DPP evaluation:               <ul style="list-style-type: none"> <li><i>Enrollment and retention:</i> Individuals' decision-making processes</li> <li><i>Program delivery:</i> Providers, cost, location, languages, frequency, use of personal scales</li> <li><i>Impact:</i> adoption of healthy behaviors, progression to diabetes</li> <li><i>Fidelity and comparability</i> among DPP programs</li> </ul> </li> <li>Develop and disseminate an evaluation toolkit that can be implemented in all sites</li> <li>Create a website for tracking DPP program data (e.g. Jaeb Center for Health Research models)</li> <li>Pool data and report findings across DPP providers to conduct an analysis of effective practices for a variety of populations</li> </ul>	<ul style="list-style-type: none"> <li>LACDPH completes the evaluation toolkit</li> <li>CAB reviews the toolkit</li> <li>CAB disseminates toolkit</li> <li>LACDPH collects, compiles and analyzes DPP program data</li> <li>CAB reviews analysis and develops recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Increased understanding of facilitators and barriers to enrollment and completion</li> <li>Increased understanding of DPP program delivery and impact</li> </ul>	<u>Year 1:</u> <ul style="list-style-type: none"> <li>Finish developing toolkit</li> <li>Collect data</li> </ul> <u>Years 2-3:</u> <ul style="list-style-type: none"> <li>Disseminate toolkit</li> <li>Analyze data and disseminate findings</li> </ul>

<b>E. Develop Internal/Operational Capacity of Community Advisory Board</b>			
<b>PRIORITY ACTIVITIES</b>	<b>ROLES</b>	<b>OUTCOMES</b>	<b>TIMELINE</b>
<b>1. Recruit new members to the CAB</b> <ul style="list-style-type: none"> <li>Establish goals for CAB composition (e.g. #/type of organizations present)</li> <li>Identify and conduct outreach to potential members               <ul style="list-style-type: none"> <li>Recruit new members who have expertise on mobilizing communities and influencing decision makers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>CAB identifies and recruits new members</li> </ul>	<ul style="list-style-type: none"> <li>Larger, more diverse CAB</li> <li>Greater access to communities in Los Angeles</li> </ul>	<u>Year 1:</u> <ul style="list-style-type: none"> <li>Establish goals for CAB composition</li> <li>Identify and reach out to potential members</li> </ul> <u>Years 2-3:</u> <ul style="list-style-type: none"> <li>Continually review CAB membership and recruit new members</li> </ul>
<b>2. Disseminate CAB key successes and build knowledge base</b> <ul style="list-style-type: none"> <li>Identify format and methods for disseminating information to key LA partners not participating in the CAB               <ul style="list-style-type: none"> <li>Potential methods include symposia and electronic communication</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>CAB disseminates key successes</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of existence and value of CAB in LA</li> <li>Greater influence of CAB learnings and activities in LA</li> </ul>	<u>Year 1:</u> <ul style="list-style-type: none"> <li>Identify format and method</li> </ul> <u>Years 2-3:</u> <ul style="list-style-type: none"> <li>Disseminate information</li> </ul>
<b>3. Review the DPP Action Plan periodically to assess progress and make modifications as needed</b> <ul style="list-style-type: none"> <li>Include Action Plan review and revision on CAB meeting agendas</li> </ul>	<ul style="list-style-type: none"> <li>CAB engages in periodic DPP Action Plan revision</li> </ul>	<ul style="list-style-type: none"> <li>CAB activities are relevant and up to date</li> </ul>	<u>Year 1, 2 and 3:</u> <ul style="list-style-type: none"> <li>Include Action Plan review and revision on CAB meeting agendas</li> </ul>