

CDC, Division of Diabetes Translation

You Had Me at My Best Life: New Resources to Foster Meaningful

Conversations in National DPP Session Zero

February 15, 2022

Transcript

**Slide 1: Title Slide**

Jasmine Charter-Harris: Hi everyone. Welcome and thank you for joining us today for *You Had Me at Your [My] Best Life: New Resources to Foster Meaningful Conversations in National DPP Session Zero*. During today's webinar, we will discuss CDC's new suite of resources for delivering Session Zero, named the Discovery Session for the lifestyle change program. Most of the time will be spent discussing the content of these resources and how best to use them. In the last 15 minutes or so, we will hold a Q&A session to answer any questions you may have.

**Slide 2: Moderator**

My name is Jasmine Charter Harris, and I'm an ORISE fellow with the Division of Diabetes Translation at CDC, and I will be the moderator for today's discussion. We have four wonderful presenters today that will discuss various topics related to Session Zero and CDC's Discovery session.

### **Slide 3: Disclosure Statement**

Before we jump in, I'll start with a few housekeeping items for your awareness. In compliance with continuing education (CE) requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services or commercial supporters, as well as any use of unlabeled products or products under investigational use. CDC, our planners, content experts and their spouses and partners wish to disclose that they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services or commercial supporters. Planners have reviewed content to ensure there is no bias. Content will not include any discussion of the unlabeled use of product or products under investigational use. CDC did not accept commercial support for this continuing education activity. No fees are charged with CDC's CE activities. The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

### **Slide 4: Continuing Education**

This program has been approved for CNE, CEU, CECH, and CPH credit. To receive credit for today's webinar, you will need to complete the activity, sign in at TCE Online, complete the evaluation, and pass the post-test with at least 60 percent.

### **Slide 5: Please Note**

Please note that in order to receive credit, you must visit the [cdc.gov/TCEOnline](https://cdc.gov/TCEOnline). If you have never registered in TCE Online, you will need to create a new account, and returning users should log in with their existing username and password.

**Slide 6: Have a Question for our Speakers**

If you have a question during today's webinar, please submit your questions by clicking the Q&A icon located below. We'll do our best to answer all our questions during the Q&A portion at the end of this webinar.

**Slide 7: Division of Diabetes Translation**

I would now like to introduce the director of CDC's Division of Diabetes Translation, Christopher Holliday. Dr. Holliday is the Director of the Division of Diabetes Translation in CDC's National Center for Chronic Disease Prevention and Health Promotion, where he provides leadership and strategic direction to the science and programs conducted in DDT to prevent type 2 diabetes, prevent diabetes complications, reduce health disparities, and improve the health of all people with diabetes. A senior leader with 25 years of executive and management experience, Dr. Holliday has worked in population and public health, primary health care, and non-profit settings at the national, state, and local levels. He provides leadership and evidence-based practices to prevent chronic disease and help shape policies, systems, and environments that support and promote health equity and well-being. Before joining CDC in 2021, Dr. Holliday was with the American Medical Association where he served as director of the Population Health and Clinical-Community Linkages, improving health outcomes. He led a multi-disciplinary team and efforts to develop and implement national clinical and public health strategies

for improving health outcomes for high impact chronic medical conditions such as cardiovascular disease and type 2 diabetes. Throughout his career, Dr. Holliday has been a passionate advocate for health equity, focused on improving outcomes for populations disproportionately impacted by chronic and mental health conditions, addressing root cause, social, and structural determinants of health, including access to care. Thank you for joining us today, Dr. Holliday.

Dr. Christopher Holliday: Thank you, Jasmine, and good afternoon, everyone. I wanted to just say that I'm honored and humbled to be a part of the National Diabetes Prevention Program work and be heading the Division of Diabetes Translation, and to be a part of this National DPP and DSMES Discovery Session (also known as Session Zero) webinar.

### **Slide 8: Our Public Health Challenge**

One of the things I think it's important for me to note, and just a brief time as we move forward in this webinar, is that the work before us is really clear. Our public health challenge could not be more evident, and the work that you are doing to address this every day, both in diabetes and prediabetes, is of significance and a public health challenge that our work at the state, regional, and local levels altogether have to join arms in order to address. The National Diabetes Prevention Program coordinators that are on the line of the lifestyle change program coaches; the certified diabetes care and education specialist that are with us today: It's essential to have you on the ground combating the diabetes epidemic. More than 37 million Americans have diabetes and lurking just beneath the surface are another 96 million adults with prediabetes at high risk for progressing to type 2 diabetes and developing other serious health conditions.

Unfortunately, about 81 percent of these people don't know they have it. The Division of Diabetes Translation is committed to preventing or delaying type 2 diabetes among people with prediabetes through the National Diabetes Prevention Program. I am so delighted to have several subject matter experts, which you've already started to hear from today, to share the latest information on the promising recruitment and enrollment strategies that are part of Session Zero, and really to bring forward CDC's version of the Session Zero called the Discovery Session. This 60-minute introductory session, designed to help you recruit and enroll your participants into the National DPP lifestyle change program, we think is a game changer. You'll also hear from a certified lifestyle coach as well as one who's leading DSMES. Because DDT is also committed to preventing diabetes complications and improving the health of all people with diabetes, this diabetes self-management education and support (DSMES) services expert will really lead you through some concepts and strategies that would be applied to DSMES. So, thank you. Thank you for joining us in what I expect has already been a very engaging discussion and [I] appreciate everyone's presence today in this learning opportunity. I'll turn it back to Jasmine. Thank you, Jasmine for working me in [and for] to take [taking] us through the rest of the balance of today's webinar.

Jasmine Charter-Harris: No problem, thanks, Dr. Holliday.

### **Slide 9: Learning Objectives**

After this webinar, you will be able to describe the Session Zero and what Session Zero is, and evidence behind it; understand how National DPP organizations are using Session Zero; understand what resources are included in CDC's version of the Session Zero, the

Discovery Session, and their theoretical basis; describe lessons learned from a certified lifestyle coach who has used CDC's Discovery Session materials; and understand how the Discovery Session resources may be adapted for diabetes self-management and education support services.

### **Slide 10: Presenters**

It's a pleasure to introduce our panel for today. Krista Proia, a senior health behavioral scientist in the Division of Diabetes Translation, and Matt Jackson, an evaluation specialist with CyberData Technologies, will discuss the evidence behind Session Zero and the theoretical basis behind our new Discovery Session materials. We will also hear from Yvonne Mensa-Wilmot, a senior health scientist and certified lifestyle coach in the Division of Diabetes Translation, to discuss lessons learned implementing our Discovery Session as a National DPP lifestyle coach, and Betsy Rodriguez, a Senior Health Advisor, who will discuss how these resources may be useful for DSMES. I'll now turn the presentation over to Krista.

### **Slide 11: What Do We Know About Session Zero?**

Krista Proia: Hey, good afternoon, everyone. It's a pleasure to be here today and thank you, Jasmine. Before we dive in and introduce CDC's new suite of materials for our Discovery Session, CDC's version of Session Zero, I want to first provide a recap on what a Session Zero is and what we currently know about this recruitment and enrollment strategy, as well as describe what we know about how National DPP lifestyle change programs are using this strategy by summarizing findings from a landscape assessment that we conducted on this topic.

### **Slide 12: What is Session Zero?**

So, what is a Session Zero? Session Zero is a pre-enrollment session used to recruit, engage, or enroll participants into the National DPP lifestyle change program. They are information sessions that occur before the start of a lifestyle change program year-long class to introduce the program to potential participants. These sessions vary in their approach and delivery—from more structured sessions like the Discovery Session that you will hear about today to more informal open house-like sessions that do not include a structured format. Because of this variability, Session Zero can sometimes be referred to by other terms such as a pre-session, taster session, or Class 0, to name a few.

### **Slide 13: Current Evidence on Session Zero**

Though the published literature assessing Session Zero on National DPP enrollment is limited, it can be a promising strategy based on consistent support across various sources of information including prior CDC projects, evaluations of the National DPP lifestyle change program, and other published studies. Of course, when introducing a new strategy into your program, we always recommend that you evaluate any changes in program enrollment, retention, and participant satisfaction to ensure that the strategy is working for your program and fits with your program's population, setting, and context. In terms of what we know about Session Zero from the published literature, I highlight key findings from three studies on this slide.

In one study, Ritchie and colleagues compared National DPP lifestyle change program participants who attended a pre-session to those who did not. In this case, the lifestyle change program required potential attendees to attend a pre-session prior to

enrollment, which was offered about one to three weeks prior to the start of the lifestyle change program cohort, and it lasted about one hour. The pre-session was developed using health belief model and trans-theoretical model principles, and it focused on education on diabetes risks, motivational interviewing, and problem-solving around barriers to engagement. And researchers found that pre-session participants stayed in the program about 100 days longer, attended about 14 percent more sessions on average, lost two percent more weight, and were 3.5 times more likely to achieve a five percent weight-loss goal compared to participants without a pre-session.

Two additional studies assessed the effects of Session Zero on attendance in smoking cessation and chronic disease management programs. Gilbert and colleagues found that individuals randomized to attend a taster session prior to the start of a six-week smoking cessation program were two times more likely to attend the first session of the smoking cessation program than those in the control group. And Jiang and colleagues analyzed data from over 80,000 participants whose records contained that their chronic disease management program workshop offered a Session Zero one to four weeks prior to that workshop. Participants who attended a chronic disease management workshop that offered a Session Zero had significantly higher workshop completion rates than those who attended workshops that did not offer a Session Zero.

#### **Slide 14: Poll Question**

So now that we've provided a brief recap on what Session Zero is and the evidence behind it, we'd like to know whether your organization is currently implementing Session Zero. So, we are going to pull up a poll question for you all, and we would love for you to answer.

Is your organization currently implementing Session Zero: Yes, no, or I don't know? And we'll give it a few seconds for you all to answer. Great. It does look like a good portion of you are offering Session Zero, which is fantastic. About 67 percent of you said “yes,” and for those of you that say “no” or “I don't know,” definitely stay tuned because we have a lot of really great resources to offer for you that may make you want to start offering a Session Zero.

### **Slide 15: How Are Organizations Offering the National DPP Using Session Zero?**

Now let's discuss how other organizations are using Session Zero.

### **Slide 16: Overview of Landscape Assessment Methods**

While prior CDC projects have assessed a subset of lifestyle change programs on whether they offer Session Zero as a recruitment and enrollment strategy, the landscape assessment that I'm going to describe on the next few slides was our first attempt to survey all National DPP organizations and their affiliated lifestyle change program class locations on this topic, as well as delve a little deeper into how lifestyle change programs are implementing their Session Zero. The landscape assessment was conducted between July and October of 2020, and we sent surveys to all CDC-recognized National DPP organizations and their affiliated class locations. We gathered information on whether they offered a Session Zero, as well as implementation data such as delivery methods, staffing, and the content that they offered during the Session Zero. Over 2,000 National DPP lifestyle change programs received the survey and 870 completed it, for a response rate of about 42 percent. Of the 870 completed surveys, we included 826 responses in

the analysis, which form the basis of the findings that I'm about to present on the next few slides.

### **Slide 17: Session Zero Characteristics**

Let's talk about some Session Zero characteristics. From the 826 respondents, approximately 80 percent stated they offered a Session Zero for their lifestyle change program. Most of the programs reported that they offered Session Zero as both a recruitment strategy and an orientation session, and by an orientation session we mean that it was offered to individuals who were already committed to and enrolled in the lifestyle change program, and they just received assistance in filling out prior paperwork before the start of the first lifestyle change program class. A small proportion of lifestyle change programs reported they only offered Session Zero for an orientation session, but as you can see most of them did use this as a recruitment strategy. On average, respondents reported that they offered about four Session Zero offerings per year, and about 18 participants usually participated in any given Session Zero offering.

### **Slide 18: Delivery Methods**

Moving on to some of the delivery method characteristics, most of the lifestyle change programs delivered their Session Zero at the same location. However, others did mention that they varied the location of their Session Zero offerings. Most of the lifestyle change programs reported offering only one Session Zero prior to the start of each yearlong lifestyle change program class, while a smaller proportion of respondents reported that they actually offered more than one session prior to the start of an upcoming lifestyle change program class, or they mentioned that the Session Zero was

not timed to coincide with an upcoming lifestyle change program cohort. The graph on the right of this slide displays the typical duration or length of the Session Zeros were offered by the lifestyle change programs, and most respondents reported that their Session Zero lasted anywhere from 45 minutes to less than an hour, and then that was followed by Session Zeros that lasted 60 minutes or more.

### **Slide 19: Staffing**

To get into a little bit about staffing of Session Zero, most of the programs stated that they have a lifestyle coach deliver their Session Zero, followed by program coordinators, but some programs did mention that they had past participants deliver their Session Zeros as well as clinically trained staff or other staff. On average, respondents reported that it took approximately two full-time staff needed to organize and deliver a Session Zero and that included planning for, recruiting participants, and actually delivering the Session Zero. Similarly, respondents reported on average needing two staff to deliver the Session Zero.

### **Slide 20: Staffing Main Concepts Covered During Session Zero**

We asked, finally, lifestyle change programs which concepts that they covered during a typical Session Zero, and that's what we've displayed on this slide here. The top three concepts that they usually covered during Session Zero was [were] providing an overview of their lifestyle change program, offering an opportunity to meet the lifestyle coach or upcoming lifestyle change program instructor, and providing information about type 2 diabetes, type 2 diabetes prevention, and prediabetes. Activities that are traditionally more grounded in behavior change theory were reported less often, with only 40

percent of respondents reporting that they deliver activities to help participants feel confident that they can be successful in the lifestyle change program. Thirty-eight percent report[ed] that they offered testimonials from successful past or current participants. Twenty-five percent assess[ed] readiness of a potential participant or assessing how soon they plan to enroll in a lifestyle change program. These types of activities have actually been incorporated into CDC's Discovery Session, which we will introduce shortly.

### **Slide 21: Poll Question**

Now that you've got a little more information about Session Zero and how organizations are currently offering them, we want to see how well you all have been paying attention during this webinar. We have another question for you. It's a little quiz question: What is the reason that most National DPP organizations offer a Session Zero? Is it to monitor progress in the lifestyle change program? As a recruitment strategy and orientation to the lifestyle change program? To celebrate completing the yearlong lifestyle change program? Or to introduce the National DPP to health care providers? Alright! Great job. You all have been paying real close attention. Yes, the reason that most of the National DPP organizations offer a Session Zero is as a recruitment and an orientation to the lifestyle change program. Well done. With that, I will hand this over to Matt who will introduce our Discovery Session resources, CDC's version of the Session Zero... Matt.

### **Slide 22: Introducing the Discovery Session (CDC Session Zero)**

Matt Jackson: Thank you, Krista. As seen, many programs are already using Session Zero as an improvement tool, although these sessions were not in general standardized across

programs, structured, or necessarily based in any one theory. As such, we wanted to test and develop a structured Session Zero for in-person sessions which was grounded in sound behavioral strategies. We developed our own Session Zero, titled the Discovery Session, to assess whether we could add value to current strategies aimed at increasing enrollment into the lifestyle change program. In addition, we tested the feasibility of conducting the Discovery Session in in-person real-world conditions.

### **Slide 23: Primary Barriers for Enrollment**

We used several sources to learn which barriers might be the most responsible for preventing individuals from enrolling into the lifestyle change program. For one, we consulted with lifestyle change program administrators and coaching staff like yourselves, as well as lifestyle change participants across the country, to get a deeper understanding of these suspected barriers. We conducted 12 interviews in total. In addition, we leveraged the information from interviews that were previously collected as part of a CDC-funded initiative called the Promising Practice Projects. From these sources, we learned that there were five primary barriers suspected of impeding enrollment. One, lack of urgency, which is just that the individuals did not feel the urgent need to make a lifestyle change then. Misperception of risk, which is just a misunderstanding of developing type 2 diabetes. Present bias, which is a perception that commitment costs of participating in a lifestyle change program outweigh future benefits. There was a lack of social influence, which is [that] individuals did not know anyone like themselves who had successfully completed a lifestyle change program. Finally, the lack of self-efficacy,

which is a disbelief in the ability to reduce risk of type 2 diabetes, or a belief that type 2 diabetes was just inevitable.

#### **Slide 24: Intervention/Discovery Session Development**

In order to add and hopefully improve upon these promising Session Zeros, we created our own theory-based structure session. The Discovery Session, our structured theory-based Session Zero, was informed by behavioral economics theory to help overcome these barriers. We chose this theory due to its success in a variety of fields, in addition to the fact that we wanted to create a strategy that programs could implement with minimal extra cost and effort. Behavioral economics, as a theory, is able to accomplish this by using what's called nudges, which are small tweaks to the current environment designed to increase positive behavior change. For example, regarding the barrier, lack of urgency, coaches strategically discussed the importance of addressing prediabetes now to prevent the development of type 2 diabetes later. For each barrier, a nudge was strategically deployed throughout the 60 to 90 minute in-person session to encourage the healthier decision to enroll in the lifestyle change program. The figure right here delineates each barrier and the nudge meant to address it. Overall, Discovery Session is intended to provide a supportive environment in which both coaches and participants bond over the importance and need for addressing diabetes. Some of the nudges and strategies will be covered in a minute when discussing our video conferencing version.

#### **Slide 25: Demonstration Project and Feasibility Study**

We tested our Discovery Session in six sites that were already offering some form of Session Zero and compared our outcomes to the six sites that were offering their standard

version. Results showed that, while not statistically significant, those programs using a Discovery Session had a nine percent higher success rate than those offering their standard session. In addition, most sites were able to implement a Discovery Session with fidelity, and feasibility outcomes were positive throughout. Our feasibility study involving the original in-person version of Discovery Session demonstrated that the introductory sessions in general can increase enrollment into the lifestyle change program, and our Discovery Session can potentially increase recruitment even more. Right now, we have a manuscript in development that's going to cover the feasibility study more thoroughly.

#### **Slide 26: Discovery Session: Next Steps**

Our first goal after the study, or after the research, was to get the Discovery Session implementation guide out to program lifestyle coaches and lifestyle coaches. But when COVID began, we thought a virtual modality might be more useful. We decided to focus on the video conferencing modality, which is why we're here today. We worked with adult learning experts and curriculum developers to create a guide for the Discovery Session that was better suited for a video conferencing modality, and that is what will be up on the National DPP Customer Service Center for you to access. You'll be able to access a Facilitator's Guide, a Discovery Session Script and all the related materials that you'll need to deliver the Discovery Session to potential participants. The Facilitator's Guide will be your starting point and provides a brief rundown of the session and what you'll need to deliver the session. You will be able to access those in the additional materials online right now.

## **Slide 27: Getting Started**

Next, we'll get through all the resources that are already available to you on the Customer Service Center site, [and] each document can be downloaded as a PDF.

### **Facilitator's Guide for Live Video Teleconferencing:**

This is a Facilitator's Guide, which will be your first touch point when accessing the full implementation guide. It offers brief descriptions of the purpose of the Discovery Session, some information about the video conferencing modality, the complete agenda, [and] a list of materials you will need (which are all hyperlinked at the bottom), as well as steps you can take to prepare for a successful session.

### **Appendix A: Discovery Session Facilitator's Script**

After you familiarize yourself with the guide, the script offers a step-by-step implementation guide on how to deliver the Discovery Session. As you can see, there's a timed agenda which you can stick to or use as a suggestion, making changes based on the style of the coach or the characteristics of your program or both. In addition, there's the actual script which takes you through slide by slide of the session. It gives you suggestions as to what you can say and/or do, as well as let you know which of the materials you would need for each activity.

### **Appendix B: Discovery Session Informational Email Template:**

This is a sample email template which you can send to those potential participants interested in attending a Discovery Session. It explains the purpose of the Discovery Session, what the session looks like, as well as how to qualify for the lifestyle change program.

### **Appendix C: PowerPoint Slides**

Along with the guide and the script, the PowerPoint slides are one of the integral pieces to conducting the Discovery Session. In addition to being synced with the script, the slides are modifiable. That is, you can add information that is related to your specific program when necessary.

#### **Appendix D: Discovery Session Checklist of Tasks**

The checklist of tasks is a list of important steps for your lifestyle coach facilitator to complete before, during, and after the Discovery Session. This checklist should help you keep in mind some of the nuances of delivering the session via the video conferencing modality.

#### **Appendix E: Discovery Session Values Affirmation Worksheet**

Similar to the in-person version, there are many nudges incorporated throughout the video conferencing session. While many of these strategies are giving the participants vital information, some are activities meant to encourage social interaction among participants as well as [to] consider how the lifestyle change program relates to other things in their life that they find important. For example, this fillable values affirmation worksheet is one of those activities.

#### **Appendix F: Discovery Session Follow-Up Email Template:**

The follow-up e-mail is just what it sounds like: It's a template you can use. It thanks participants for attending the Discovery Session; reminds them of how to qualify for the lifestyle change program; provides information about the date, time, and location of the first class; and comes with [an] enrollment form to encourage them to sign up for the lifestyle change program.

### **Appendix G: Lifestyle Change Program Enrollment Form:**

This is the fillable lifestyle change enrollment form that I just mentioned. If you send it out electronically, then the individual will be able to download it, fill it out, and send it right back.

### **Appendix H: Lifestyle Change Program Enrollment Checklist for Attendees**

This is another fillable document—the fillable enrollment checklist for Discovery Session attendees— which can be sent out as both a reminder and behavioral nudge that will encourage attendees to follow through [on] the enrollment process.

### **Appendix I: Lifestyle Change Program Session One Reminders and Notifications**

Finally, we provided these lifestyle change program reminders and notifications that can be sent out for Session One of your lifestyle change program. That completes the list of materials we hope will help you prepare, conduct, and follow-up for the Discovery Session, the CDC version of a Session Zero. As a reminder, all of these resources are hyperlinked on the original facilitator's guide we started out with, and each appendix can be downloaded as a PDF. We hope you found this helpful, and we'll have time for some questions and answers at the end. I'll turn it back over to Jasmine.

### **Word Cloud:**

Jasmine: Now that we have given you a lot of background information, what word or phrase comes to mind when you think of the Discovery Session resources? To share your words with us and help us create a word cloud of your responses, please go to [menti.com](https://www.menti.com) and enter the code 22872696. It should be on your screen. You can do this from your computer or a mobile device. If you use your computer, be sure to open a new window

so that you can keep the webinar session connected. We will put the link in the chat as well. Once you enter the code, you'll be able to enter up to three words or phrases. I'll pause here as we wait for some responses. This looks great. So, we have *helpful, informative, engaging*. I think I saw *useful*, [that] is a great one. *Recruitment*. I see someone put *retention* in the chat; that's also a good one. Well, great! In the interest of time, I'll move on to our next segment. But this is really great, and hopefully we'll be able to share this with you guys after.

### **Slide 36: Lessons Learned from a Lifestyle Coach**

Next, I will ask Yvonne and Betsy a few questions to understand how these materials can be used for the National DPP lifestyle change program and possibly DSMES services. Dr. Yvonne Mensa-Wilmot is a health scientist in CDC's Division of Diabetes Translation. She has nearly 20 years of public health experience designing, implementing, and evaluating research studies across several health conditions, including diabetes. She currently manages the portfolio of innovative research studies designed to increase enrollment and retention [of] participants in CDC-recognized National DPP lifestyle change programs. To complement her public health efforts at CDC, she trained to become a certified lifestyle coach in June 2021 and is currently leading a lifestyle change program cohort here at CDC. I will now ask Yvonne a few questions about her experience using the Discovery Session materials. Hi, Yvonne.

Yvonne Mensa-Wilmot: Yes, Jasmine.

Jasmine: Briefly, can you describe how have you used these Discovery Session materials and what aspects of the new Discovery Session resources did you find most useful?

Yvonne: Thank you, Jasmine. I found the checklist of tasks and the informational and follow-up email templates very helpful while we were preparing to hold the Discovery Sessions. The checklist in the email templates had every important detail I needed to remember to communicate, so I knew I wouldn't forget anything important. I also used the checklist to customize the session presentation slides and the facilitator script before I met with my co-coach to prepare for the Discovery Session. I only had to add a few details about our session like dates, times, the call-in number, the icebreaker question, etc., because the details about the program, about diabetes, about prediabetes had already been summarized for us. One of my greatest concerns was that I would forget to say something crucial to someone's decision to join the program [or] someone's opportunity to improve the quality of their life. That's why I was so thankful that these resources had been carefully put together and that they were so complete. Our recruitment efforts generated a lot of interest. We had two Discovery Sessions with a total of about 42 attendees. We had a lot going on prior to the first Discovery Session.

Jasmine: Thank you. Did you modify anything in the resources and if you did, how did you modify them to make them work for your program?

Yvonne: Starting and ending the Discovery Session on time was important to us. The Discovery Sessions were in the middle of the workday, and we didn't want attendees leaving the session before we had covered all the material. My co-coach and I discussed what we

would do if we ran out of time and we couldn't cover everything. We both agreed that the values of affirmation activity was crucial. The plan was, if we're running out of time towards the end, we would only ask the question about how enrolling in the program fits with the value attendees had selected earlier. This way, the attendees got to complete the values affirmation activity. We actually ended up doing this for both Discovery Sessions. We also tweaked the timing a little bit. We shortened earlier segments where we were speaking and gave a few more minutes to discussion sessions, so attendees could unmute and share their thoughts during the Discovery Session.

Jasmine: Going off of that, I know you just mentioned time, but were there any other challenges that you faced using any of the resources? How would you recommend other lifestyle change programs overcome these challenges?

Yvonne: Our challenge was mainly time. We had to pay close attention to time. But with a few minor tweaks to the materials, we were able to stay on time for both Discovery Sessions that we conducted. We actually had lively discussion sessions, and a good number of participants ended up enrolling. My advice to any coach is, go through the facilitator script and review the suggested segment times and decide if you need to make any adjustments based on your previous experience conducting Session Zeros.

Jasmine: Thank you, Yvonne. It's really great to hear how a lifestyle coach has previously used these materials that will soon be available on the Customer Service Center after the webinar.

**Slide 37: Perspectives from a DSMES Subject Matter Expert:**

We've heard how these materials can be used for the National DPP lifestyle change program.

Now let's discuss if these materials could potentially be adapted for diabetes self-management education and support services. [In] this section of the webinar, I will speak with Betsy Rodriguez. Betsy Rodriguez has more than 25 years of professional experience as a nurse, certified diabetes educator, author, bicultural specialist in health communication strategies, and a leader in the development of diabetes educational resources for Hispanics and Latinos and other ethnic and minority groups. She is a senior public health advisor at the CDC in the Division of Diabetes Translation. Additionally, in collaboration with ADA (American Diabetes Association) and ADCES (Association of Diabetes Care & Education Specialists), she is leading the national initiative to develop a marketing identity and branding for DSMES.

**Slide 38: Poll Question**

But before we get started with Betsy, let's take a quick poll: If the Discovery Session resources were adapted for the delivery of DSMES services, do you think you would use them: Yes, no, or I don't know.? I'll wait here for people to respond. It looks like the majority of people say "yes," but a good portion also say they don't know, which is a great segue into our discussion with Betsy.

**Slide 39: Diabetes Self-Management Education and Support (DSMES) Services**

I will now ask Betsy a few questions about the Discovery Session materials and how they can be adapted for DSMES services. Hi, Betsy. Now that Discovery Session resources are available for the National DPP lifestyle change program, another priority for CDC's

Division of Diabetes Translation is developing similar resources for DSMES. How do you think the Discovery Session resources can be used for DSMES services?

Betsy Rodriguez: Thank you, Jasmine, for the opportunity to spend a few minutes on diabetes self-management education and support (or DSMES) services. I was happily surprised by the responses on the poll. I think that this is a great start that we're asking this question. It all begins with understanding the purpose of DSMES services. It is also to move beyond education, to provide an evidence-based foundation to empower people with diabetes to navigate self-management decisions and activities. We can get caught up on trying to cover all the national standard for DSMES, the whole curriculum, and all of that, which by the way, the national standards were recently updated for 2022. It can seem like we're just checking the box. But in doing so, we often might lose sight of our goal [as] diabetes care and education specialists which is to offer care that meets the specific needs of our clients. It is also important to highlight the fact that more research is needed in this area, particularly for DSMES. We have done quite a lot of work, research, in this area for the National DPP, as you have seen today. In other words, there is no research on the usefulness of Session Zero for DSMES, but there is a lot of research that [has been] shown to be useful, particularly for the National DPP. I want to reiterate the fact that more research is needed in order to determine if Session Zero could be used for DSMES services. On the other hand, Jasmine, it is time to free ourselves from that practice and provide services that are engaging, that are individualized, that are culturally relevant and person-centered. Keeping this in mind, do I envision a version of Session Zero that could be tailored for DSMES services? Perhaps it

could be [a] target for referring health care professionals—because it's just an idea. It could explain what do we do in DSMES services, how we engage with our participants and recruiting providers, how we help people succeed with their diabetes care plans and communicate the issues back to them, and how we can help the members of the care team achieve the quadruple aim. This is a framework that encompasses reducing costs [and] improving population health [and] patient experience, and with the new fourth domain that is related to health care team well-being.

Jasmine: Thank you so much for that perspective, Betsy, I really liked your suggestion of having a Session Zero or Discovery Session that targets referring providers with respect to DSMES. For my next question, understanding that the National DPP and DSMES are two very different programs with different populations with differing needs: What challenges do you see with adapting the Discovery Session resources for DSMES, and where should CDC focus their future research in this area?

Betsy: Thank you for that question, Jasmine. Well, people with diabetes are not the same program audience as people with prediabetes. So, the way that the National DPP and DSMES services are communicated about and delivered—it's different. Research on the potential application of this Session Zero to DSMES will need to take this into account. Both programs operate in a range of care settings, from community- to clinical-based. Yet the person with diabetes can be facing a more immediate or even urgent need for critical care. That is why engaging with health care providers—it is so important. That is why referrals from doctors for DSMES services allow patients with diabetes to receive the critical care they need from diabetes care and education specialists. There are

challenges related to insurance reimbursement and amount of time for patient sessions. But these are outside the scope of what we're addressing here. But I think it's important to mention that reimbursement and the time for patients are two critical aspects that have to be taken into consideration. Regardless of the challenges, having access to a set of resources like those created for [the] Discovery Session would offer benefits such as encouraging connections between new and existing participants and helping streamline efforts to recruit and enroll participants. Finally, Jasmine, I would like to say that just by having this conversation today, we are opening doors for partnerships between organizations that are supporting families and communities in reaching better health.

Jasmine: Thank you, Betsy, this is a great opportunity for CDC and DDT to investigate this area further.

#### **Slide 40: Questions**

Thank you, Yvonne and Betsy, for that insightful conversation. Now we would like to invite all our presenters back to answer questions from the audience in the last 10 minutes or so. As a reminder, please submit any questions using the Q&A box. I see a question here for Krista for staffing. Did those that indicated [that] a past participant delivered Session Zero, did they do the whole session or were they used more to provide a testimonial or share their story during a segment of the Session Zero session?

Krista: Yeah, that's a great question. We didn't actually dive deeper into that question on when specifically or how specifically these or the past participants. The question itself asked who delivered the Session Zero. The question was intended to understand who

delivered the entire Session Zero, and we had other questions that dealt more with participant testimonials. However, it could possibly be that maybe the participant only delivered a portion of the Session Zero. However, we're unable to determine that from how we asked the question in that survey.

Jasmine: Great. Thank you, Krista. I also see a few questions here about—which maybe Matt or Betsy can respond to—if these resources will be available in Spanish.

Matt: Yes. We're going to work on the next year I think—Betsy—getting them in Spanish, is that right?

Betsy: Well, we have been working very hard in making sure that we're addressing the needs of non-Spanish-speaking populations [non-English speaking populations] in anything we do. Of course, everybody that has been working with me in CDC will know that I will always ask that question: Are we going to be having this in Spanish? I am envisioning that at some point we're going to continue working on this and be able to have this available in Spanish.

Jasmine: Okay. I see another question here going off of that. I'm not sure who would be best to answer, but is the program, meaning Session Zero or the Discovery Session, in braille and/or can this program be easily taught to those who are visually impaired or legally blind?

Matt: I would say we don't have a plan to get it into braille yet, but we're always willing to and open to that. Not right this second, but hopefully eventually [we'll] have it available in even more modalities than it already is, because I think a lot with that question, you

have a Discovery Session. It could be in braille, but then it leads into the type 2 curriculum and lifestyle change program [at] large and so that becomes another issue with that, but we're always working to make it as available as we can to all populations.

Betsy: I would like to add that there are internal conversations with these resources and any other resources, how we're going to be looking to people with disabilities. In that sense, I think that the more of this type of feedback and that kind of questions that we're getting, the more we can use that information to be able to identify how can we strategically plan to address the needs of those that are there, people who might need this system.

Jasmine: Great. Thank you, both. I see a question here that potentially Yvonne can answer, which is just asking about tips for recruiting potential participants to attend Session Zero. So maybe Yvonne, you can talk about how you recruited for the Discovery Session that you held.

Yvonne: Thank you, Jasmine. Our Discovery Session for our National DPP lifestyle change program that we presented was to CDC staff and their families. We sent out ads through our listservs, the director of our division also, and our center also sent letters out to staff. Then we also encouraged those who had reached out to us and those in our division to also spread the word for us through word of mouth. We also used the National DPP team and other staff who worked with other National DPP programs to spread the word as well. These are the ways we reached out to people, and like I said before, we had so many people interested in the program, and we had a very large

Discovery Session. We eventually had to split it into two groups. That wasn't the original plan, but because we had such a good interest, we ended up having two Discovery Sessions.

Krista: I can actually chime in on that too because I did see that question come in, and I know Matt and I—when we worked on these materials—we had a lot of work with that. While we don't necessarily have recruitment for this Session Zero or Discovery Session specifically, I definitely encourage you to go onto the National DPP Customer Service Center site. They do have a whole marketing and recruitment section there. Even though that's more for the National DPP at large, I think it can easily be adopted for specifically recruiting for the Discovery Session and the Session Zero with the understanding that it actually might be a little easier and folks might be more willing to commit to just going to—like—a one 60-minute orientation session just to understand what this program is all about before actually committing and jumping right into a yearlong program. I think you can use these recruitment strategies to get them into that Discovery Session, or Session Zero, and really use that opportunity to take it the rest of the way and get them excited about the program and eventually enroll.

Jasmine: Thanks, Krista. I see another question here that anyone can feel free to chime in on. Are you aware of any research or marketing tools to get people from their diagnosis to Session Zero. And so few actually make it to the first session compared to those who qualify.

Krista: Matt, do you want to start with that, or do you want me to take it?

Matt: I'm thinking of it.

Krista: Yeah, that's a great question hopefully. The intent of the Discovery Session and the behavioral nudges and materials that we provided into our Discovery Session really were grounded in any nudge behavior change theory and nudges. So, our intent was to make sure that the Discovery Session can then lead to enrollment. But yes, getting them to actually come to the Session Zero to actually enroll may require a lot of more follow-up, and so definitely more research is needed for us in that area.

Matt: I'll add too. This includes—comprises—a suite of resources. The Discovery Session was originally part of a suite of interventions that we were creating, and one of those was health care provider outreach. And so, we are mindful of that connection because we've seen the research that [it] really helps retention. Any feedback, any ideas that the audience has—we're always welcoming because that's always on our mind as well, so thank you for that question.

Dr. Holliday: If I can add really quickly to that. Again, thank you for that question. The DDT has worked for years with the American Medical Association to really understand what are the best mechanisms to get physicians to refer their patients who are at high risk for type 2 diabetes or have prediabetes to lifestyle change programs embedded within the community. So that referral pathway and feedback after those patients are entered into the programs—lifestyle change program—are really key to making sure that participants are enrolling based on their provider referrals. That is really important. In fact, our evidence shows that when your PCP [primary care provider], particularly for older

populations, actually refers you to the lifestyle change program, you are more likely to attend and get the full benefit of the program. That is absolutely an area that we're continuing to work on, continuing to strengthen, and build those clinical-community linkages. Thank you for the question.

Jasmine: Thank you, Dr. Holliday. I'm not sure how much more time we have for questions, but I'll just read one more. I have one here. It says would you suggest using the Discovery Session in outreach to health care providers to recruit DPP participants?

Dr. Holliday: I'll answer that. [LAUGHTER] I would say absolutely. In fact, I think it is of benefit not only to people who have decided they want to understand a little bit more about the lifestyle change program as an introductory to the program, but it also can be provided to your local physician or care team member and get them to understand a little bit more about the program as well. So, I think it would work in both ways. It has multiple utility. Thank you for that question.

Krista: I think the beauty of that too is that the Discovery Session materials we provided, particularly the PowerPoint sides, are adaptable. You can use it for your situations. I know a lot of past projects that I've worked on here in DDT with health care provider referrals—they've done road shows with various health care providers and practices. And I think the Discovery Session PowerPoint presentation in particular can be really helpful, because it provides everything you need about the program itself.

Jasmine: Thank you to everyone in the audience for some great questions. I'm sorry we didn't have time to answer everyone. If you do have additional questions or we didn't answer

your question, please send them to the email address on your screen and we will follow up with you after our webinar.

**Slide 41: National DPP Customer Service Center:**

To find the Discovery Session materials as well as many other National DPP resources, including the updated PreventT2 curricula, at the Customer Service Center, or CSC, at [nationaldppcsc.cdc.gov](http://nationaldppcsc.cdc.gov). You can access training materials, toolkits, and videos, ask questions, and receive technical assistance related to all aspects of the program.

**Slide 42: Thank you**

This concludes our webinar. Be sure to get your continuing education credit. Instructions are on the screen and will be emailed to you. As a reminder, a recording of this webinar and the slides will be shared in the near future. Thank you for joining us today, and thanks to our presenters.