ABOUT THIS GUIDE

This implementation guide will help you learn how to recruit, enroll, and retain Medicaid beneficiaries with prediabetes in your organization’s CDC-recognized lifestyle change program to prevent or delay the onset of type 2 diabetes.

The National Diabetes Prevention Program (National DPP) works to make it easier for people with prediabetes, including Medicaid beneficiaries, to participate in affordable, high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health.

WHAT’S INSIDE

1 ABOUT THIS GUIDE
2 WHY THE NATIONAL DIABETES PREVENTION PROGRAM IS IMPORTANT FOR MEDICAID BENEFICIARIES
4 PREDIABETES AND TYPE 2 DIABETES
5 UNDERSTANDING MEDICAID
6 RECRUITING AND ENROLLING MEDICAID PARTICIPANTS
12 RETAINING MEDICAID PARTICIPANT
16 PLANNING FOR SUSTAINABILITY
17 RESOURCES
WHY THE NATIONAL DIABETES PREVENTION PROGRAM IS IMPORTANT FOR MEDICAID BENEFICIARIES

Medicaid provides health coverage for millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities.

Medicaid beneficiaries are diagnosed with diabetes at a higher rate than the general U.S. population. While Medicaid enrollees must meet income guidelines to be eligible for the program, the higher prevalence rate of diabetes among Medicaid enrollees also reflects Medicaid eligibility rules that extend coverage to people in poor health, such as the medically needy and individuals with disabilities.¹

Medicaid recipients are also more likely to be hospitalized with, and treated for, diabetes-related complications such as kidney disease, lower limb amputations, and heart and vascular issues. The average annual cost for adult Medicaid beneficiaries with diabetes is $13,490 compared to $5,133 for Medicaid beneficiaries without diabetes. This includes the costs for all services, and the relatively high total reflects the substantial healthcare needs and high comorbidity rate among this population.¹

Medicaid also provides health coverage for more than 4.6 million low-income seniors, nearly all of whom are also enrolled in Medicare. In addition, Medicaid provides coverage for 3.7 million people with disabilities who are enrolled in Medicare. In total, 8.3 million people are “dually eligible” and enrolled in both Medicaid and Medicare, comprising more than 17 percent of all Medicaid enrollees.¹

Organizations such as yours are ideally positioned to help adult Medicaid beneficiaries with prediabetes prevent or delay type 2 diabetes.

PREVENTING TYPE 2 DIABETES THROUGH THE NATIONAL DIABETES PREVENTION PROGRAM

Research shows that people with prediabetes who take part in a proven evidenced-based structured lifestyle change program can cut their risk of developing type 2 diabetes by 58 percent (71 percent for people over 60 years old). The Diabetes Prevention Program clinical trial demonstrated that helping people with prediabetes lose 5 to 7 percent of their body weight through healthier eating and 150 minutes of physical activity a week reduced their risk of type 2 diabetes. For a person who weighs 200 pounds, losing 5 to 7 percent body weight means losing just 10 to 14 pounds. It does not take a drastic weight loss to reduce type 2 diabetes risk.

The impact of this program can be long-lasting. Research has found that even after 10 years, people who completed a diabetes prevention lifestyle change program were one third less likely to develop type 2 diabetes. But this behavior change takes time and commitment—a year-long program, therefore, is required.
PREDIABETES AND TYPE 2 DIABETES

This guide is intended for CDC-recognized organizations offering lifestyle change programs to prevent or delay type 2 diabetes. You likely already have knowledge about prediabetes and type 2 diabetes. However, if you want to learn more, visit the National DPP website.

PREDIABETES SCREENING AND TESTING

Individuals who may be at risk for prediabetes should take the National DPP online quiz or the printable prediabetes screening test. If individuals are at risk, encourage them to talk to a healthcare professional about getting a blood glucose test.

Participants in the National DPP must have evidence of prediabetes such as a:

» Positive screening for prediabetes on the CDC Prediabetes Risk Test or American Diabetes Association Type 2 Diabetes Risk Test
» Blood test done within the past year indicating prediabetes
» History of gestational diabetes

Additional information about the screening requirements can be found in the latest version of the Diabetes Prevention Recognition Program (DPRP) Standards.

See the National DPP’s Resources for Screening and Referral for resources and tools to assist with participant screening and referrals.

The CDC and American Medical Association (AMA) have also collaborated to provide Preventing Type 2 Diabetes: A Guide to Refer your Patients with Prediabetes to an Evidence-based Diabetes Prevention Program.
Medicaid is a joint federal and state program that provides health coverage for millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states according to federal requirements and is funded jointly by states and the federal government.

Medicaid models vary from one state to another.

Traditional Medicaid coverage is extended only to certain low-income subpopulations, including:

» Pregnant women and children aged 2 years and under (The Children’s Health Insurance Program (CHIP) covers older children in a Medicaid-like program);

» Adults with physical, cognitive, and sensory disabilities or serious chronic illness who cannot work. Many cannot live independently;

» Adults with severe mental illnesses and/or substance abuse issues; and

» Older adults in long term care settings.

Adults who are considered able to work, but are living in poverty and are not in one of the above groups, are not eligible for traditional Medicaid.

Expanded Medicaid extends coverage to adults at 138 percent of the federal poverty level and below, including men and many adults without children. These adults, although previously lacking health insurance, are not necessarily ill with chronic disease. Medicaid expansion provides an opportunity to access this population prior to the onset of type 2 diabetes.

Specific information about each state’s Medicaid program is available at Medicaid.gov. Visit this site to verify the current coverage types and levels offered in your state(s).
RECRUITING AND ENROLLING MEDICAID PARTICIPANTS

Understanding how to recruit participants for your CDC-recognized lifestyle change program is key to your success. This section will help you learn how to recruit and enroll Medicaid participants in your program through three simple steps:

1. Identify your target populations and understand their needs.
2. Raise awareness about and promote your program.
3. Recruit and enroll eligible participants.

**STEP 1. IDENTIFY YOUR TARGET POPULATIONS AND UNDERSTAND THEIR NEEDS**

Key characteristics of the Medicaid populations to consider in recruitment, enrollment, and retention include:

- Most Medicaid beneficiaries live in poverty.
- Medicaid beneficiaries tend to have little experience with the healthcare system and disease prevention services.
- Many Medicaid beneficiaries have part-time jobs, (sometimes multiple concurrent part-time positions). Do not assume Medicaid recipients are unemployed; they may work minimum wage, part-time, or seasonal jobs that do not offer health insurance. Many work in the “cash only” economy as domestics, gardeners, handymen, etc.
- Medicaid beneficiaries may have caregiving responsibilities for grandchildren or elderly and/or disabled family and friends.
- Reliable, appropriate and affordable childcare can be difficult for Medicaid beneficiaries to find.
- Lack of transportation is an issue for many Medicaid beneficiaries.
- Food insecurity, lack of consistent access to adequate food, is an issue for many Medicaid beneficiaries.
- Homelessness or “housing insecurity”, including lack of access to cooking facilities and grocery stores selling healthy foods, is a reality for some Medicaid beneficiaries.
- Lack of safety – neighborhoods that are unsafe, especially for outdoor physical activity – and lack of access to alternatives is an issue for many Medicaid beneficiaries.
Many Medicaid beneficiaries distrust the healthcare system and social service agencies.

Language barriers, lack of English proficiency, low literacy, and low health literacy are issues for many Medicaid beneficiaries.

Many Medicaid beneficiaries have limited education.

Cultural barriers – immigrant or refugee status – can be an issue for some Medicaid beneficiaries.

Many Medicaid beneficiaries experience instability in housing and employment and may transition in and out of the Medicaid system.

Many Medicaid beneficiaries experience difficulty making contact and communicating with support systems.

Every community is different. While your organization’s recruitment efforts are designed to reach Medicaid beneficiaries, you will also need to be aware of subtle differences within the subgroups of this population to be successful. These differences may include personal and socioeconomic characteristics related to race/ethnicity, income levels, gender, transportation needs, employment status, and readiness for change. Seek publicly available demographic information from local governments and talk to community organizations that serve the Medicaid population in your target community to get to know your potential participants.

You will also want to understand where, when, and how local low income adults typically spend their time so you know where and when to reach them effectively with information about your CDC-recognized organization. Use someone from the community who knows the population to learn more about the community where you plan to hold your lifestyle change program. Ask them to show you:

- Locations where people gather
- Houses of worship
- Popular restaurants
- Community activities that draw a large crowd
- Businesses that cater to low income adults in the community

Find out if your target audience relies on public transportation. If so, how accessible is your location to the public transportation routes? Remember, flexibility with program location and scheduling to accommodate the majority of your potential participants and their needs will set your organization up for success. Also, consider the needs of the Medicaid population in terms of availability of make-up sessions, child care, facility access, and preferred methods for information delivery and peer support. Issues such as stairs, walking distances, and night time safety are also critical. Many low income adults work jobs that involve shift work or highly variable schedules. Some participants may prefer to share information in-person, while some may prefer online networks or a combination of in-person and online program options.

**STEP 2. RAISE AWARENESS ABOUT AND PROMOTE YOUR PROGRAM**

Once you have identified your local populations’ unique characteristics, the next step is to develop a plan for raising awareness about your CDC-recognized organization. This may include adding information about the lifestyle change program to existing local marketing efforts or creating new avenues to reach potential program participants. When developing your marketing strategy, it is best to understand potential barriers to participant success. Understanding these barriers beforehand will offer you opportunity to prepare messages to address them.
Encourage qualified health centers, free community clinics, and local community healthcare providers that work with the Medicaid population to offer the National DPP. The local public health department, local park and recreation departments, houses of worship, and local county extension offices may be partners in offering the lifestyle change program or in recruiting and referring participants to CDC-recognized organizations.

Your marketing plan may include opportunities to reach potential participants through the following:

» Participating in health fairs and similar events.
» Collaborating with community partners, such as faith-based organizations, community-based organizations serving low income populations, and community clinics.
» Working with worksites, including leading employers in your community.
» Partnering with businesses that have many low income clientele.

This outreach may be supported by program marketing materials, such as brochures, fact sheets, posters, flyers, post cards, and social media messaging. Find ideas for recruitment materials on the National DPP website.

Radio stations that cater to the specific audiences you are trying to reach may be able to reach low literacy, low health literacy, and audiences with difficulty speaking or understanding English. Social media and non-traditional materials, including photo-novellas and other “picture” book style materials, developed and/or translated by the target population, may also be helpful.

**STEP 3. RECRUIT AND ENROLL ELIGIBLE PARTICIPANTS**

Program participants must meet eligibility requirements. Detailed information about participant eligibility requirements can be found in the most recent DPRP Standards.

**BENEFITS OF A CDC-RECOGNIZED LIFESTYLE CHANGE PROGRAM**

To help support recruitment efforts, it may be helpful to share the following program benefits with interested individuals or to help increase interest:

» The lifestyle change program reduces the chances of developing type 2 diabetes among those most at risk. This will improve quality of life.
» Participants learn skills and become empowered to take better control of their health, which can also lead to improved overall quality of life.
» Program participation provides communal support that helps participants stay motivated and accountable.
» People have fun – it is time away from your daily life, a social event, etc.

Many rural areas lack broadband/internet access, so online options are not accessible to Medicaid recipients residing there. Others in both rural, suburban, and urban settings may not have computer skills or access to computers or the internet. Smart phones may be an option for some in this situation. Consider access issues when planning recruitment and retention strategies.
# Addressing Potential Barriers to Participant Success

To facilitate participant recruitment, it is important to recognize potential barriers and know how to address them.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Potential Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of awareness of prediabetes</td>
<td>Encourage those who may be at risk to take the <a href="https://www.cdc.gov/prediabetes/screening-test.html">CDC Prediabetes Screening Test</a>. If they score five or higher, they are likely to have prediabetes and are at high risk for type 2 diabetes. Encourage those with a score of five and higher to consult with their doctor about additional testing.</td>
</tr>
<tr>
<td>• 90% of those at risk go undetected</td>
<td></td>
</tr>
<tr>
<td>Lack of awareness that type 2 diabetes is preventable</td>
<td>Encourage primary care physicians, pharmacists, faith leaders, and other partner organizations to provide information about type 2 diabetes and prediabetes to their constituents, and encourage people to be screened and tested. Encourage potential participants to attend a “Session Zero”, where available, to learn more about type 2 diabetes and prediabetes, and to visit CDC resources online. Additional resources include the <a href="https://www.cdc.gov/prediabetes/riskscreen.html">Are you at risk for prediabetes</a> and <a href="https://www.cdc.gov/prediabetes/sopyouhave.html">So You Have Prediabetes</a> handouts.</td>
</tr>
<tr>
<td>Lack of awareness that CDC-recognized lifestyle change programs exist</td>
<td>Promote local CDC-recognized organizations widely among the target population to increase awareness. Referral networks can share a list of local programs and/or direct potential participants to the [CDC program locator map](<a href="https://www.cdc.gov/prediabetes/find">https://www.cdc.gov/prediabetes/find</a> acompilot.html).</td>
</tr>
<tr>
<td>Lack of confidence that lifestyle change programs can make a difference</td>
<td>Use local champions in your promotion efforts. Encourage those who face these barriers to attend a Session Zero, where available, and view testimonials from others who have had success in the lifestyle change program.</td>
</tr>
<tr>
<td>Perceived lack of time to participate</td>
<td></td>
</tr>
<tr>
<td>Perception that behavior change is too hard to accomplish</td>
<td></td>
</tr>
</tbody>
</table>

There are several options you can use to recruit and enroll Medicaid participants for your lifestyle change program. Remember to keep the unique characteristics and needs of this population in mind when developing your recruitment plan. Recruiting and enrolling lifestyle change program participants may include establishing a referral network and/or holding a Session Zero or “pre-class” session to assess potential participants’ readiness for lifestyle change and share program expectations. Also, see the [Keys to Success Tip Sheet: Recruiting Participants for Your Type 2 Diabetes Prevention Lifestyle Change Program](https://www.cdc.gov/prediabetes/tipsheet.html) for tips and lessons learned from organizations with a proven record of successfully recruiting eligible participants.
ESTABLISHING A REFERRAL NETWORK

Medicaid participants often lack experience with the healthcare system and preventive services. Distrust, language barriers, low literacy issues, and cultural barriers also complicate relationships with healthcare providers. Every effort should be made to find trusted healthcare providers, community health workers (CHWs), and community-or faith-based organizations that are established and trusted in the community you want to work in.

Typical sources of referral to your lifestyle change program may include:

» Local healthcare providers
» Health systems such as local hospitals
» Community-based clinics
» CHWs
» Parish nurses
» Community-based organizations
» Community feeding and food distribution programs
» Local social service agencies
» Faith leaders

CDC has developed a suite of resources to share with healthcare providers, community partners, and others in your referral network to help them with screening and testing for prediabetes and referring patients to your CDC-recognized lifestyle change program.

Successful lifestyle change programs use

» Referrals from trusted healthcare providers working in the target community to increase both enrollment and retention
» CHWs in reaching, recruiting, and engaging the Medicaid population

Delivery of Healthcare Services Under Medicaid

Understanding how healthcare services are delivered to Medicaid populations will help you set up your referral network and promote your program.

States choose what type of delivery system to use and how they will pay providers. Most states work with managed care organizations to deliver healthcare to Medicaid recipients, while a few use a fee for service model. Managed care is a healthcare delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

Some states are implementing a range of initiatives to coordinate and integrate care beyond traditional managed care. These initiatives are focused on improving care for populations with chronic and complex conditions, aligning payment incentives with performance goals, and building in accountability for high quality care.

State Medicaid programs vary widely in terms of who is eligible, which services are covered, premiums and cost-sharing requirements, the delivery systems in which beneficiaries get care, and provider payment methods and rates.

The resources listed below will help you understand the specifics of Medicaid in your state.

» State Medicaid and CHIP Profiles
» State Medicaid Fact Sheets
» State Medicaid Contacts

Resources for state Medicaid and public health agencies interested in covering the National DPP lifestyle change program can be found in the National Diabetes Prevention Program Coverage Toolkit.
CONDUCTING A SESSION ZERO

Your organization’s recruitment efforts may be enhanced by holding a Session Zero, an introductory “pre-class” session used to engage and enroll participants in the year-long lifestyle change program. During the session you can explain the program, set expectations, and go over the time commitment with prospective participants. Once expectations are outlined for the group, and questions are answered, individuals who are committed may enroll. During the session you may:

» Cover program eligibility criteria
» Describe the program
» Explain participation expectations, emphasizing the importance of attendance throughout the year-long program to achieve and maintain weight loss
» Listen to potential participant concerns and barriers
» Help eliminate barriers to participation through discussion
» Include testimonials from individuals who have successfully participated in and/or completed the program
» Assess participant readiness – Use CHWs and others from the community who truly understand barriers and social determinants of health within the community you are working in.

During Session Zero, you will have the opportunity to ask participants questions to assess their readiness for success in the lifestyle change program. This will ensure those initially interested in the program are clear on the level of commitment required before they are enrolled. Questions may assess their willingness to make the necessary time commitment, readiness to address their health condition, and enthusiasm for adopting behavior change to prevent type 2 diabetes.

You can learn more about Session Zero in the recruiting participants segments of the National DPP Lifestyle Coach and Technical Assistance video series.

It is critical to use members of the community being served in the recruitment process and Session Zero. These individuals can assist with identifying potential program participants, help assess participant readiness for the program, help increase interest, and help participants overcome barriers to participation.

Many organizations have shared that care must be taken to

» Hold the session in a location frequented by the target population
» Provide transportation or gas cards/transportation vouchers
» Provide child care
» Provide refreshments
RETAINING MEDICAID PARTICIPANTS

The lifestyle change program starts with the Lifestyle Coach. His or her goal is to implement the CDC-approved curriculum and establish a level of trust and personal rapport with program participants while also providing support and guidance. When engaging adults, particularly Medicaid beneficiaries, Lifestyle Coaches will want to exercise compassion and patience, make suggestions rather than demands, ask instead of assume, and seek to understand and overcome barriers. Focus on teamwork and collaboration and mutual problem solving suggestions whenever possible. Lifestyle Coaches should be respectful, encouraging, supportive, and complimentary to make all participants feel safe and comfortable. Know that establishing a relationship of trust will require an investment of time and may take longer than is typical with other program participants depending on the social distance between the Lifestyle Coach and the participants.

Key Lifestyle Coach responsibilities include:

» Conducting participant check-ins and follow ups
» Delivering the lifestyle change program in adherence to a CDC-approved curriculum
» Facilitating team building among program participants
» Facilitating motivational discussions
» Modeling successful behavior change (e.g. alumni as coaches, alumni as spokespeople)
» Engaging participants and using feedback to enhance the program
» Supporting and investing in participant success
Working with the Medicaid population requires a stronger focus on the role of “coach” and less on the role of instructor/educator. Medicaid participants may have less than favorable impressions of “school”. CDC-recognized organizations have found that lifestyle coaches will need to invest more time with Medicaid beneficiaries between sessions addressing challenges they face as a result of limited income and other resources.

CDC-recognized organizations working with Medicaid populations have shared that this is a very high touch population requiring a high level of engagement. Lifestyle Coaches must be prepared to stay in touch with participants between sessions and offer encouragement, reminders, and consultation. It is critical that Coaches reach out to learn what is happening in participants’ lives that may create stumbling blocks, and offer assistance to deal with out-of-program obstacles. A non-judgmental attitude that seeks to understand and overcome challenges is vital.

To learn more about the role of the Lifestyle Coach, see the most recent DPRP Standards and the National DPP Lifestyle Coach video series.

GETTING STARTED, MONTHS 1-6

During the first six months, the lifestyle change program calls for a variety of activities as described below. Think about the unique needs of low income participants related to each activity.

» Emphasize the overarching goal of preventing type 2 diabetes, and help participants identify the reasons why prevention is important to them. Compelling reasons to enroll in a lifestyle change program to prevent type 2 diabetes vary among people of different cultures. However, most people value taking care of their health for their families. In the Medicaid population, it is also helpful to point out that people who are healthier spend less on healthcare costs and take less time off from work for medical appointments and illness.

» Focus on making lasting lifestyle changes, rather than simply completing the curriculum, and emphasize how these changes will improve life in the short term too. The year-long commitment can be very challenging for Medicaid beneficiaries due to caregiving responsibilities, shift work, changing jobs, transportation issues, etc. Ask lifestyle change program alumni to share how they overcame challenges and the benefits they received throughout the program.

» Weigh participants at each session to establish a baseline weight and monitor progress. The weigh-in should be done privately. It provides an opportunity to discuss issues that may be sensitive, such as trouble affording or finding healthy foods, problems with cooking due to lack of access to cooking equipment, lack of a safe place to be physically active, etc. Also, consider various cultural attitudes toward weight. Some cultures see excess weight as a sign of prosperity and attractiveness.

» Build up to moderate changes in diet and physical activity. Recognize that people with lower incomes may have multiple health issues as well as difficulty accessing healthy foods. Participants may need a more individualized approach to address these issues. This may include finding creative ways to get fresh fruits and vegetables. Physical activity may also be a challenge in for participants living in unsafe neighborhoods. It is often helpful for peers to discuss how they build physical activity into their day in a way that is safe and fits in with their schedules. Coaches can offer in-home exercise ideas like using videos or other resources they already have in their homes.
Discuss strategies for self-monitoring of diet and physical activity; building participant self-efficacy and social support to maintain lifestyle changes; and problem-solving to overcome common weight loss, physical activity, and healthy eating challenges. Peer discussions and support can be particularly helpful in overcoming challenges.

Some lifestyle change programs have found that, when working with Medicaid beneficiaries, it is helpful to build more time into the agenda for participants to talk about overcoming unique challenges such as transportation, multiple jobs and shift work as well as access to safe places to be more physically active.

Provide participants with materials to support program goals – kitchen gadgets like scales, measuring cups, steamers, etc. may be helpful and out of budget reach for some people. Some Medicaid beneficiaries may need links to services to help them access healthy foods and more substantial cooking and food storage equipment like stoves and refrigerators, or to have gas or electric services restored.

Many Medicaid participants may live in food “deserts” without access to affordable healthy and fresh foods. It may be necessary to work with other organizations to help overcome these issues. County Extension offices and local feeding programs can help with locating and preparing food. Some organizations have even started local community garden programs as a way of increasing access to healthy foods, physical activity, and social support.

CONTINUING TO MAKE CHANGES, MONTHS 7-12

People stay engaged when they see or feel they are getting results out of the experience. To help keep participants on the path to success, your organization will need to work hard to ensure the experience is not only educational and informative, but also fun and engaging. This may involve bringing in guest speakers, holding special events such as cooking demonstrations and fitness challenges, or offering incentives for achieving milestones. Incentives may include items negotiated and secured through your referral network or community partners as well as certificates to acknowledge major milestones achieved.

Engage community partners that may have ties to the Medicaid beneficiaries enrolled in your program. Partners may include faith communities, community-based organizations, and community clinics and other healthcare providers. Community partners may be poised and ready to support program participants in continuing their lifestyle change journey, or your organization may collaborate with them to make operational changes to support participants. For example, houses of worship may consider offering healthier options on their menus at social events.

Maintain momentum with participants by inviting community champions and influencers to share personal stories about their experiences in the program. Champions or “alumni” of a previous lifestyle change program may share tips about how they have maintained their weight loss. Other influencers may include representatives from local diabetes-related organizations who have additional resources to share. You may also maintain program momentum by establishing community-based social support systems (e.g. walking clubs, exercise meetups, and cooking groups). Program participants may find support in other members of the group who are on the same lifestyle change journey. They can reinforce curriculum teachings while sharing support and holding each other accountable.

Consider using the “step-down” approach – move from weekly sessions in months 1-6 to sessions twice each month starting in month 7.
To further encourage ongoing participation, get creative. Participants may benefit from one or more of the following:

» Make-up sessions. Individuals may occasionally miss a session; help keep them on track by offering make up sessions when possible.

Offering make-up sessions is very important for people who work a variable schedule and/ or have significant caretaking responsibilities or transportation issues.

» Incentives for individuals who attend a certain number of consecutive sessions. Partner with local grocery stores to offer food coupons or local department stores to offer fitness-related giveaways.

Be sure to ask participants what items they really need, so that the incentives are most beneficial.

» Regular check-ins and assessments to continuously understand barriers to participation. If individuals miss a session, help them understand how to overcome their barriers to ensure they can make it to the sessions on time, every time.

Do not judge, and really listen to the barriers Medicaid beneficiaries face; they may not have much power in their work or home situations and need your understanding and flexibility.

» Accountability and mutual support.

Your program participants may benefit from a peer-to-peer buddy system with program alumni to help participants stay engaged and have someone who can help keep them on track.

» Use of appropriate culturally-relevant language that is sensitive and considerate to your local community.

Audiences will respond better when they are assured that the program is “for them” and takes into account their unique lifestyle and culture.

See the Keys for Success Tip Sheet: Increasing Participant Retention for Your Type 2 Diabetes Prevention Lifestyle Change Program for and lessons learned from organizations successful in retaining participants.
PLANNING FOR SUSTAINABILITY

Establishing and sustaining a CDC-recognized lifestyle change program takes commitment from your organization to ensure the program is fiscally sound and maintains its relevancy for those who need it most. For these reasons, it is important to have a sustainability plan. Currently, there are several states that provide Medicaid coverage for the National DPP lifestyle change program. There are many efforts ongoing to increase participation from Medicaid beneficiaries. The National Diabetes Prevention Program Coverage Toolkit also provides information that will be helpful in working with Medicaid.

Here are some additional ideas for supporting participation in your lifestyle change program:

» Scholarships and community grants. Through partnerships with local pharmacies, civic organizations, and foundations, you may be able to offer scholarships and grants to offset participant costs. Seek to identify community-based organizations with missions that include promotion of healthier living for a greater opportunity to establish these scholarships or grant programs.

» Existing programs and systems. Your lifestyle change program may function best as part of an existing institution (e.g. hospital or clinic, community-based organization, etc.). This may make it easier to recruit and enroll participants, provide a stable and easily-accessible location, and offer resources and channels to promote the program. It may also make it easier to sustain the program.

» Employer covered benefit. Work with local businesses to encourage prediabetes screening and to offer the National DPP lifestyle change program as a covered benefit for their employees.
RESOURCES

CDC and its partners provide a wealth of resources and materials to help organizations prepare and apply for CDC recognition and offer a type 2 diabetes prevention lifestyle change program.

UNDERSTANDING YOUR POPULATIONS

» If your local community includes a diverse population with individuals representing different ethnicities, literacy levels, and income levels, you will need to understand how to shape your program to ensure cultural sensitivity. Read more about cultural competency.

» Health literacy is important to ensure your participants are able to fully understand and apply information learned to support their lifestyle change efforts.

ENSURING PROGRAM READINESS

» Learn about motivational interviewing, a technique used to help an individual move from a state of indecision or uncertainty towards finding motivation to making positive decisions and accomplishing established goals.

» Access Lifestyle Coach training resources.

» Collaborate with local healthcare providers and health systems to help ensure your program’s success. Learn about how to engage these networks to secure referrals.

Resources are available to help you recruit, enroll, and engage participants in your lifestyle change program. New and updated National DPP materials are posted on the CDC website as they become available. Check back often for the latest resources.

OTHER REFERENCES

