National Diabetes Prevention Program

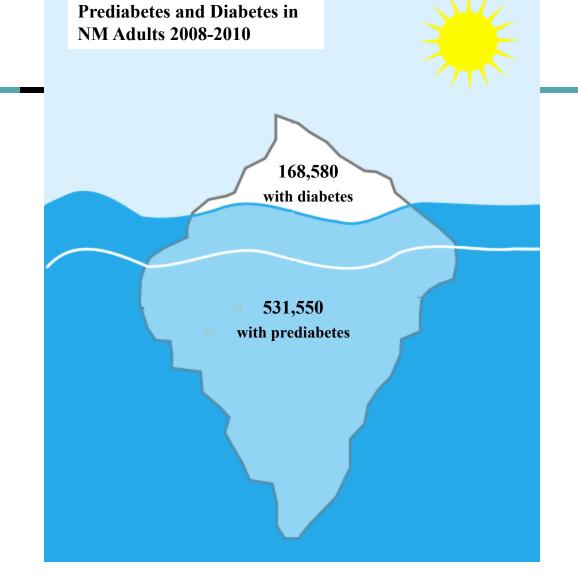


NMDAC December 7, 2012

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■ What is the National DPP?

- evidence-based lifestyle intervention developed by the CDC for people with prediabetes
- based on the National Institutes of Health-led Diabetes Prevention
 Program (DPP) research study and subsequent translation studies
- demonstrating that 5-7% weight loss achieved and maintained through regular physical activity and improved nutrition
- can prevent or delay the progression of prediabetes to diabetes by 58% compared to standard lifestyle recommendations
- third generation of the DPP: after the original study (generation 1) and the training of tribal communities (generation 2)

■ National DPP goal (CDC)

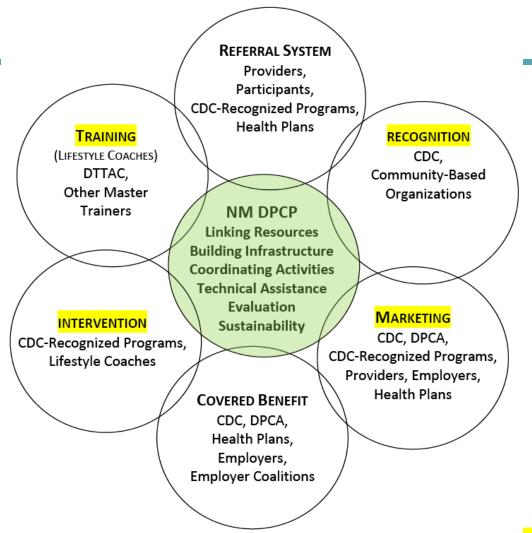


■ Systematically scale the translated model of the Diabetes Prevention Program (DPP) for high risk persons in collaboration with community-based organizations that have necessary infrastructure, health payers, health care professionals, public health, academia, and others to reduce the incidence of type 2 diabetes in the United States.

National DPP core elements

- **Training:** Helping train the work force that can implement the program cost-effectively.
- **Program recognition:** Setting standards that will help assure program quality and consistency necessary components for effectiveness and reimbursement.
- Intervention sites: Supporting sites that will deliver the intervention to reduce new cases of type 2 diabetes.
- **Health marketing:** Raising awareness among both health care providers and high-risk populations to increase referral and use of the program.

National DPP system in NM



Current National DPP sites in New Mexico (supported by the DPCP)

■ **Farmington**: San Juan Regional Medical Center

Gallup: Gallup Indian Medical Center

■ **Roswell:** Chaves County Extension

■ Santa Fe: City of Santa Fe <

■ Santa Rosa: Guadalupe County Hospital

■ **Socorro:** National Radio Astronomy Observatory



Española: YMCA

Shiprock: Northern Navajo Medical Center



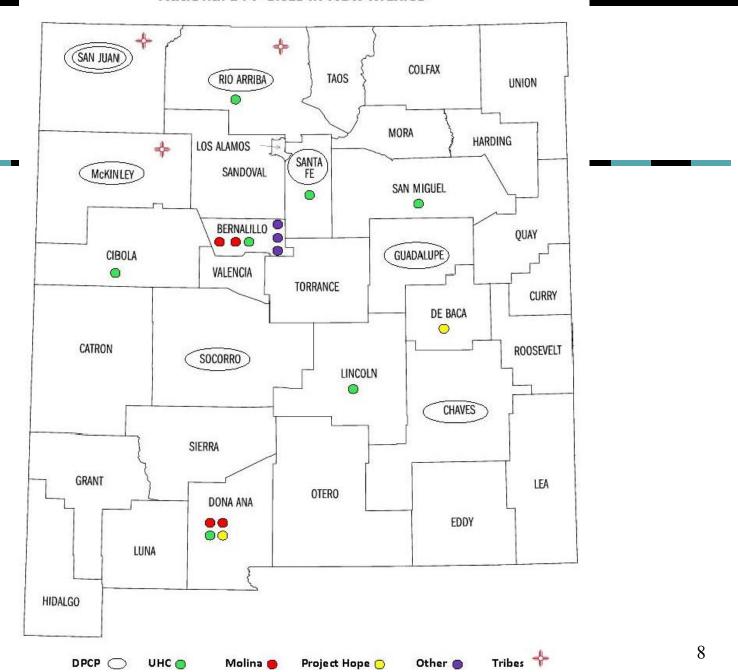


Include tribal populations



Worksites – for employees only

National DPP Sites in New Mexico



First National DPP lifestyle coaches trained in NM December 2012



Now over 40 trained lifestyle coaches!

■ What are the tests for pre-diabetes?

- 1. Fasting Blood Sugar Test
 - You will fast for 8 hours before you take this test.
 - If your blood sugar is 100-125, you have pre-diabetes.
 - If your blood sugar is 126 or higher, you have diabetes.
- 2. A1C Test
 - This test measures your average blood sugar control for the last three months.
 - If your A1C is 5.7% 6.4%, you have pre-diabetes.
 - If your A1C is 6.5% or higher, you have diabetes.

PRE-DIABETES

Blood sugar - 100 - 125 A1C - 5.7% - 6.4%

DIABETES

Blood sugar - ≥ 126 A1C - ≥ 6.5%

Recommended eligibility criteria

18 years and older

BMI \geq 24kg/m²

Readiness to change

and one of the following:

Fasting blood glucose: 100-125

Glucose after 2- hour OGTT: 140-199

History of GDM

A1c: 5.7%-6.4%

Prediabetes risk test

- Are you a woman who has had a baby weighing more than 9 pounds at birth?
- Do you have a sister or brother with diabetes?
- Do you have a parent with diabetes?
- Do you weigh as much as or more than the weight listed for your height?
- Are you younger than 65 and get little or no exercise in a typical day?
- Are you between 45 and 64 years of age?
- Are you 65 years of age or older?

Yes	No
1	0
1	0
1	0
5	0
5	0
5	0
9	0

9 or more points: High risk for having pre-diabetes now.

3 to 8 points: Probably low risk for having pre-diabetes now. Keep your risk low.

Readiness assessment

Readiness to Change

Check the statement that best describes where you are today with your plan:

- I am thinking about diet and exercise changes
- I have started making diet and exercise changes
- Healthy diet and regular exercise are a regular part of my life

Potential Barriers: (What is going to get in the way?)

- Healthy Eating Barriers
- Healthy Exercise Barriers

Core Curriculum



Skills

- 1. Welcome
- 2. Be a Fat and Calorie Detective
- 3. Three Ways to Eat Less Fat and Fewer Calories
- 4. Healthy Eating
- 5. Move Those Muscles
- 6. Being Active: A Way of Life
- 7. Tip the Calorie Balance

Controlling the external environment

- 8. Take Charge of What's Around You
- 9. Problem Solving
- 10. Four Keys to Healthy Eating Out

Psychological and emotional

- 11. Talk Back to Negative Thoughts
- 12. The Slipper Slope of Lifestyle Change
- 13. Jump Start Your Activity Plan
- 14. Make Social Cues Work for You
- 15. You Can Manage Stress
- 16. Ways to Stay Motivated

Data collection

Weekly

Participant data including:

- Weight
- Minutes of Physical Activity

Links

Diabetes Training and Technical Assistance
 Center: www.DTTAC.org

The National Diabetes Prevention Program: www.cdc.gov/diabetes/prevention

For more information...

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www.diabetesnm.org

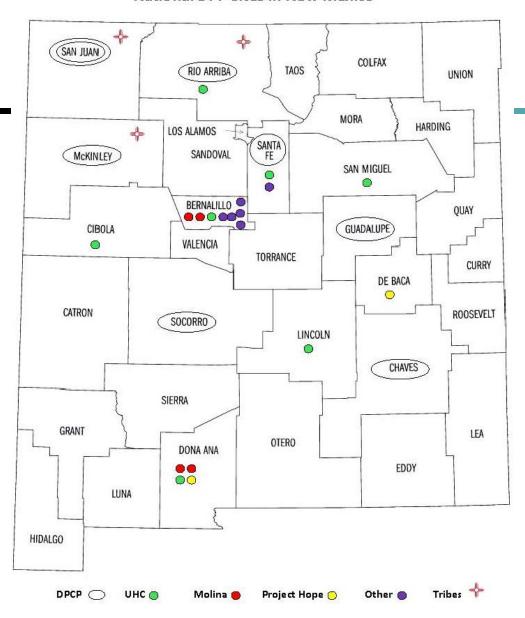
Tribal Liaison DPCP

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National DPP Sites in New Mexico



NM Tribes and the National DPP

History of the DPP and NM tribes

Current state of the National DPP in tribal areas



Evaluator DPCP







■ DPCP evaluation resources

- Organizational capacity assessment form
- Participant intake form
- Database and data analysis template
- Participant survey
- Interview questions for evaluation of lifestyle coaches



Organizational capacity assessment form

- National DPP participant eligibility criteria
- Curriculum delivery
- Site requirements
 - Team organization
 - Administrative requirements
 - CDC recognition
 - Office space and equipment
 - Participant recruitment, enrollment and retention
 - Data reporting
- DPCP requirements

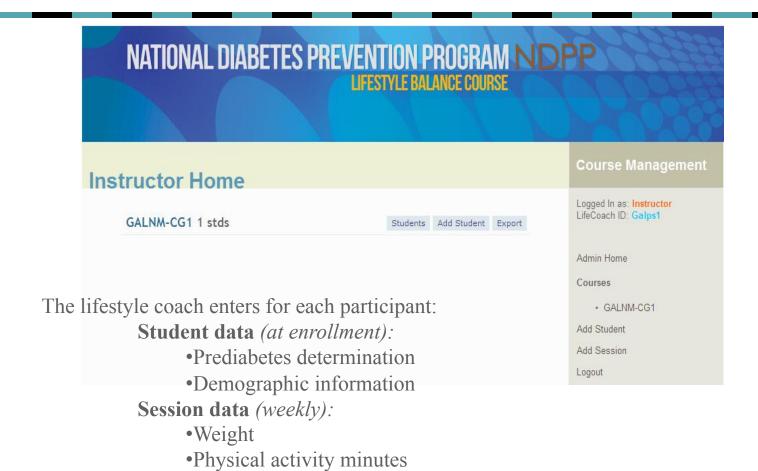


Participant intake form

- Prediabetes determination
- Height and weight
- Demographics
- Individual goals
- Readiness
- Willingness to meet health goals
- Signatures (participant and lifestyle coach)



Data entry system



Data analysis template (1)

Site Name, month to month 2013 NDPP

		WEI	GHT	PA		
Participant	AGE	Baseline	At 16Week	Baseline	At 16Week	
P01	52	219	211	115	176	
P02	55	189	170	150	140	
P03	51	191	182	45	150	
P04	68	159	141	55	105	
P06	50	174	170	45	160	
P07	36	191	185	45	100	
P08	55	199	186	40	150	
P09	51	247	221	230	130	
P10	52	210	188	150	130	
P11	49	296	283	40	160	
P12	58	166	153	90	170	
P13	44	212	197	24	230	
P15	58	162	152	150	180	
AVG	52.2	201.2	187.6	90.7	152.4	
P05	41	188		275		
P14	61	167		175	<	

Missing data CAN affect average if the people drop out later rather than earlier.

P05 dropped out after week 3 and P014 after week 4

Data analysis template (2)

Group Average:

-	AGE	WEIGHT LOSS		PHYSICAL ACTIVITY		# Sessions
		Baseline	16W	Baseline	16 W	
N=13	52.2	201.2	187.6	90.7	152.4	11.7
% Change			-6.7		68.0	

Interpretation:

The percent change in weight and in physical activity minutes were calculated for this group of 1 A 6.7% decrease in weight and a 68% increase in physical activity minutes were seen for this g

Sessions attended				
N= 13: Total Sessions	175			
N= 13: Ave No. of Sessions	11.7			

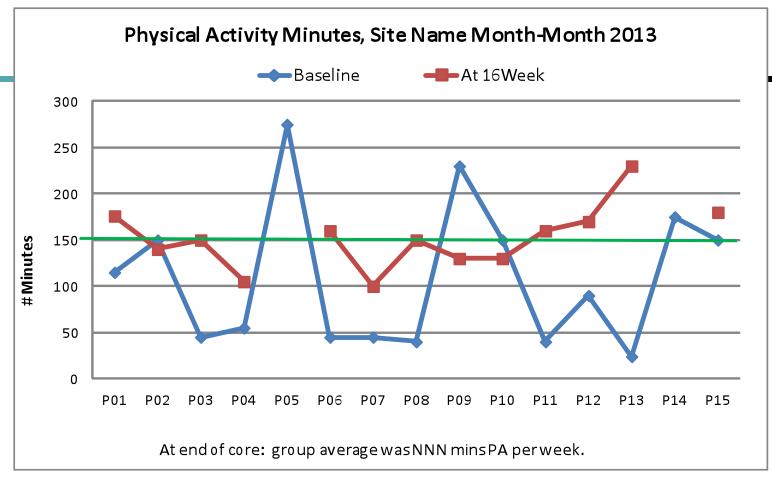
¹³ participants finished core. Two participants dropped out (before week 5).

This gives a summary of how the entire group fared in terms of weight loss and physical activity minutes.

Here, there was:

- 1. an overall 6.7% loss of weight for entire group; and
- 2. a 68% increase in number of physical activity minutes for entire group.

Data analysis template (3)



- •Visually compares each participant (baseline to 16 week).
- •The line at 150 minutes is a visual reminder of the target and allows a quick look at how many participants did and did not meet the target. In this case, 8 participants out of the 13 (8/13 =61.5%) who completed the core met the target.

Participant survey

- Reasons participant did program
- Support for program participants
- Personal goals achieved
- Participant satisfaction rating
- Individual challenges in doing the program
- Participant suggestions for program improvement

Designed to enhance program implementation



Lifestyle coach interview survey

- Lifestyle coach training
- Program marketing
- Participant recruitment/referral
- Intake process
- Eligibility criteria
- Physical space issues
- Data collection and entry
- Program evaluation
- Program implementation barriers and facilitators
- Sustainability plan
- DPCP technical assistance

