

National Center for Chronic Disease Prevention and Health Promotion 

Engagement Strategies for National Diabetes Prevention Lifestyle Change Programs

Assessing Evidence and Spotlighting Session Zero

Division of Diabetes Translation (DDT) Engage Work Group
February 15, 2017

From this webinar you will gain:

- Familiarity with Division of Diabetes Translation's (DDT) Engage Work Group
- Background on the EASE Project (Evaluation and Assessment of Strategies for Enrollment) and DDT's Promising Practices Study
- An approach for assessing promising practices before deciding on implementation
- Insights from the field on offering "Session Zero"
 - Session Zero: An introductory or pre-session to engage and enroll participants into National Diabetes Prevention lifestyle change programs

DDT Engage Work Group

- 9 members with diverse perspectives
- Representation from 5 different teams across 2 DDT branches
- Focused on applying behavioral insight approaches (a/k/a "nudges")
 - Nudges can help people "find the path of least resistance" to reach their health goals
- Goal of improving engagement

Guidance for Assessing Evidence to Help Bridge the Gap Between Real and Ideal

Krista Proia, Engage Co-Lead

Example of the real: Promising Practices Study

- Purpose: Identify and spread promising practices to increase enrollment in National DPP lifestyle change programs
 - Telephone interviews with 9 CDC-recognized organizations, including:
 - Program staff and participants
 - 2 organizations offering virtual programs
 - Expert panel to review promising practices and seek new ideas

Striving for the ideal: Evaluation and Assessment of Strategies for Enrollment (EASE) Project

- Purpose: Develop, implement and evaluate an enrollment intervention to increase participation in National DPP lifestyle change programs
- Multi-component intervention package:
 - Designed to reduce behavioral barriers across all stages in the enrollment process
- Controlled evaluation
 - Compare enrollment rates between sites implementing and not implementing the EASE package
 - Including implementation feasibility & fidelity, retention, weight loss and cost
- Results expected: Early 2019

Ideal World	Real World
<ul style="list-style-type: none"> Pre/post intervention data Comparison group Assessing unintended effects Assessing costs 	<ul style="list-style-type: none"> Nat'l Org. Eval.– some participant data; no pre-implementation data and no control group Promising Practices Studies – stories with no data EASE diagnosis report –evidence from different populations & purposes Expert panel – weak evidence & little consensus

Framework for Thinking About Evidence



<http://vetoviolence.cdc.gov/understanding-evidence>

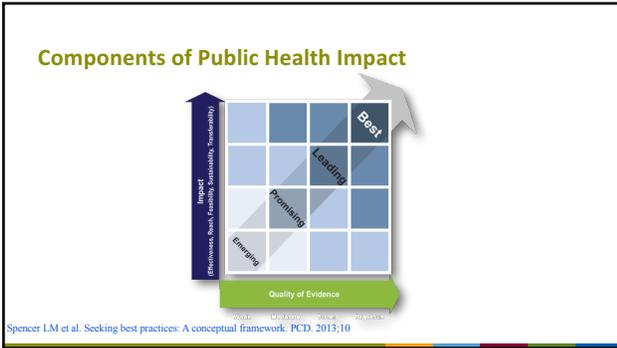
DDT's Hierarchy of Evidence for Best Practices

Example: National DPP

- Meta-Analyses of RCTs
- Randomized controlled trials (RCTs)
- Non-randomized, controlled intervention studies **Example: EASE**
- Meta-analyses of observational studies

- Observational studies
- Uncontrolled evaluation of existing programs **Example: 1212 Evaluation**
- Anecdotal experience
- Intuition and common sense

Gregg E. Framework and Update on Best Practices for Prevention and Control of Diabetes. May 2010.



Hierarchy of Evidence Relative to Impact Components

	Effectiveness	Appropriateness	Feasibility
Excellent	<ul style="list-style-type: none"> Systematic review Multi-centre studies 	<ul style="list-style-type: none"> Systematic review Multi-centre studies 	<ul style="list-style-type: none"> Systematic review Multi-centre studies
Good	<ul style="list-style-type: none"> RCT Observational studies 	<ul style="list-style-type: none"> RCT Observational studies Interpretive studies 	<ul style="list-style-type: none"> RCT Observational studies Interpretive studies
Fair	<ul style="list-style-type: none"> Uncontrolled trials with dramatic results Before and after studies Non-randomized controlled trials 	<ul style="list-style-type: none"> Descriptive studies Focus groups 	<ul style="list-style-type: none"> Descriptive studies Action research Before and after studies Focus groups
Poor	<ul style="list-style-type: none"> Descriptive studies Case studies Expert opinion Studies of poor methodological quality 	<ul style="list-style-type: none"> Expert opinion Case studies Studies of poor methodological quality 	<ul style="list-style-type: none"> Expert opinion Case studies Studies of poor methodological quality

Evans D et al. Hierarchy of evidence: a framework for ranking evidence. JCN. 2003;12:77-84.

US Preventive Services Task Force Hierarchy of Evidence

I	<ul style="list-style-type: none"> Properly powered and conducted RCT Well conducted systematic review or meta-analysis of homogeneous RCTs
II	II-1 <ul style="list-style-type: none"> Well-designed controlled trial without randomization
	II-2 <ul style="list-style-type: none"> Well-designed cohort or case-control analysis
	II-3 <ul style="list-style-type: none"> Multiple time series, with or without the intervention Results from uncontrolled studies that yield results of large magnitude
III	<ul style="list-style-type: none"> Opinions of respected authorities, based on clinical experience Descriptive studies or case reports Reports of expert committees

USPSTF. 2015. U.S. Preventive Services Task Force Procedural Manual. <https://www.uspreventiveservicestaskforce.org/Page/Name/method-and-processes>

Continuum of Research Evidence for Effectiveness

- CDC's Injury Center's framework
 - Uses continuum vs. hierarchy
 - Includes negative evidence, e.g., evidence for:
 - Little or no effect
 - Harm

Puddy R et al. 2011. Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness. Atlanta, GA: CDC. <http://vetoviolence.cdc.gov/understanding-evidence>

Short List of Questions to Consider Before Implementing a Promising Practice

- What level of evidence supports expected benefits?
- What scale of resources will be required?
- What could we do with these resources otherwise (i.e., what is the opportunity cost)?
- What are the potential unintended consequences or even harms?
- What may be the effects on disparities?
- What is the urgency to act?

Example: Economic incentives

- Evidence for effectiveness is highly varied
- Effectiveness and cost depend on how and when cash is offered and paid
- Potentially very expensive at a population level
- Resources better spent on existing strategies
- Monetary incentives can backfire

CDC's Considerations in Spotlighting Session Zero

- Consistent support across diverse sources of information:
 - National Organizations (1212) evaluation
 - Promising Practices and EASE interviews/site visits
 - EASE behavioral diagnosis and design results
 - Multiple behavioral experts
- Careful consideration of opportunity costs is still needed
- No major unintended consequences identified so far; continue to monitor
- Evaluation needed on differential impact by age, sex, race/ethnicity, income

Poll Question

- When thinking about/acting upon a "Framework for Thinking about Evidence," what domain has the most influence on decision making for you and your key stakeholders?
 - A. Contextual Evidence
 - B. Experimental Evidence
 - C. Best Available Research
 - D. None of the above

If D was chosen, please specify why in the question box located in your control panel

Thank you!

- For more information contact:
 - Krista Proia, jsp9@cdc.gov, 404.498.0961

References

- Evans D et al. Hierarchy of evidence: a framework for ranking evidence evaluating healthcare interventions. *Journal of Clinical Nursing*. 2003;12:77-84.
- Gregg E. Framework and Update on Best Practices for Prevention and Control of Diabetes. May 2010.
- Puddy RW, Wilkins N. Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness. Atlanta, GA: Centers for Disease Control and Prevention. 2011. Available at: https://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf
 - Additional resources, including a Continuum of Evidence: <http://vetoviolence.cdc.gov/understanding-evidence>
- Spencer LM et al. Seeking best practices: A conceptual framework for planning and improving evidence-based practices. *Preventing Chronic Disease*. 2013;10.
- USPSTF. 2015. U.S. Preventive Services Task Force Procedural Manual. Available at: <https://www.uspreventiveservicestaskforce.org/Page/Name/methods-and-processes>

Insights From the Field

Art Franke

National Kidney Foundation of Michigan

DPP Information Session

Art Franke, PhD

2/15/2017



Top Ten Reasons to do a Session Zero

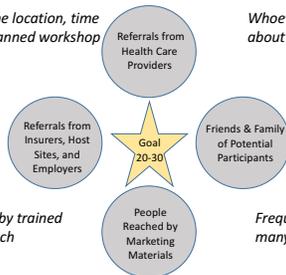
- Educate about prediabetes and how to prevent type 2 diabetes
- Briefly describe science behind the Diabetes Prevention Program
- Set the tone of the lifestyle change program and describe its goals
- Answer potential participants' questions
- Determine motivation level of potential participants
- Identify people with diabetes and offer alternatives (e.g., DSME, DSMP)
- Start connecting participants with each other and lifestyle coach
- Obtain commitment and determine if everyone qualifies for the workshop
- Fill out paperwork and enrollment materials
- Recruit additional participants from their family and friends (if needed)



Who is Invited to the Information Session?

Held at same location, time & day as planned workshop

Whoever is interested in learning more about attending a DPP workshop!



Session led by trained lifestyle coach

Frequency = 1 or 2 depending on how many people sign up!

How to Make People Aware with a Sense of Urgency

Engagement, Engagement, Engagement!

- Use multi-channel approach:
- Rally front-line health providers, insurers, community partners, employers, the public at large near workshop location
- Distribute workshop flyers at host sites, health providers, local churches, etc.
- Active marketing at events, on websites, newsletter, press releases, PSAs, mailings, flyers to community partners, social media



Informational Session Agenda

- Introductions – Why are we here?
- What is the National Diabetes Prevention Program?
- Program Goals
- Why does it work?
- Demo DPP Activity
- Qualifying for the Program
- Are you ready?
- Full disclosure
- Fill out registration packet
- Discuss recruiting additional participants



Lessons Learned – It's Important to Have a Session 0

- Session 0 is very important to having a smoother Session 1
- It helps determine if everyone who enrolls is qualified and ready to go
- Opportunity to discuss other health benefits
- Some people may not have made up their minds but connect with peers or coach and/or get answers to additional questions
- Consider a testimonial (or video) from previous participant about success in DPP and its impact on their life
- Address other barriers to participation in the DPP
- If workshop is not full, have additional flyers and request attendees recruit family and friends who might qualify



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Karen Bailey
 University Medical Associates

Karen Bailey, LD, CDE, MS
 UMA Diabetes & Endocrine Care/OUHCOM Diabetes Institute
 Prevent T2 Program

Athens, Ohio

Located in rural Southeastern Ohio, home of Ohio University

Trained as DPP Lifestyle Coach at University of Pittsburgh in 2012 and started Group Lifestyle Balance January 2013

Spring 2013 became a grantee of American Association of Diabetes Educators and began Diabetes Prevention Program classes using CDC curriculum after being trained at DTAC in Atlanta

Received CDC recognition January 2016. Started 11th class this month. Using Prevent T2 curriculum



Objectives

“Session Zero”

- Purpose it serves in our program
- How we target individuals for the session
- Content of the session in our program

UMA Diabetes & Endocrine Care/OUHCOM Diabetes Institute
Prevent T2 Program



Purpose of Session Zero

- ❖ Describe the program in more detail than advertisements offer
- ❖ Answer any questions prospective participants may have
- ❖ Decrease incidence of drop outs by describing the commitment the program entails
- ❖ Complete and collect forms required by the program

Before Session Zero...

Advertisements for program are sent out between 2 months and 2 weeks before the program starts.

- Newspapers – classified ad, larger ads, on-line ads
- Radio announcements
- Employee newsletters
- Websites, Facebook, Twitter
- Flyers distributed to doctor’s offices, libraries, Health Department, etc.

Informational Session: Are You Ready to Commit? Agenda

- Introduce the Prevent T2 program and members of the team who will be supporting participants on their journey of lifestyle change this year.
- Review the Participation Agreement Form and if ready to commit, sign
- Become familiar with Session routine
- Complete and return consent, intake, Physician Referral and agreement forms

Prevent T2 Informational Session (session 0)

Description of the DPP Study Results -

- Power of lifestyle change
- Benefit to all, no matter gender, race or ethnicity and even greater benefit for those over 60 yrs of age
- Impact that lifestyle change may have in reducing the overwhelming burden of diabetes on health care costs in U.S.

Prevent T2 Informational Session

Description of National Diabetes Prevention Program

- Effort to duplicate these results in communities across the nation
- Delivered to groups
- Economically feasible
- The added benefit of group support
- Approved curriculum, recognition status, program support
- De-identified data submission to CDC to evaluate effectiveness of program

Prevent T2 Informational Session

Must be ≥18 yrs old with a BMI ≥ 24 kg/m² (≥22 kg/m², if Asian)

≥50% must have diagnosis of pre-diabetes using the following recent blood tests (within past year):

- Fasting plasma glucose of 100-125
- Plasma glucose 2 hr after 75 gm glucose load of 140-199 mg/dl
- A1c of 5.7-6.4
- Clinically diagnosed Gestational diabetes mellitus during previous pregnancy (may be self reported)

50% max may be eligible without blood test or hx of GDM if they screen positive using Pre-diabetes Screening Test.

Pre-diabetes Screening Test

Patient risk assessment

DO YOU HAVE PREDIABETES?
Pre-diabetes test sheet

1. Do you have a family history of diabetes?
 2. Do you have a history of gestational diabetes?
 3. Do you have a history of diabetes during pregnancy?
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LOOKS WITH RISK

Prevent T2 Informational Session

Cohorts completed with weight loss results

Jan, 2013 (6%)	Sept, 2015 – 2 cohorts
May, 2013 (5%)	Athens (7%), Marietta (7%)
Sept, 2013 (6%)	Jan 2016 (5%)
Jan, 2014 (14%)	Sept, 2016
Jan, 2015 (8%)	Jan 2017

Prevent T2
Informational Session
Program Details

- ▶ Participants attend 90 minute weekly meetings for 12 weeks, bi-weekly for 8 weeks, then monthly meetings for remainder of year.
- ▶ Participants will weigh in at each visit, track food, calorie and fat gram intake and record daily. These diaries will be collected and reviewed by lifestyle coaches and returned with helpful comments and praise. Participants will be given weekly assignments to bring and discuss with other participants.
- ▶ Lifestyle coaches will present material weekly on healthy eating, ways to increase physical activity and behavior change strategies and provide positive reinforcement to allow participants to overcome obstacles and change lifestyle habits in favor of eating less and moving more. Sessions are interactive with group discussion and activities.

Prevent T2
Informational Session (session 0)

Session Routine:

- Weigh in and record on your weight record
- Turn in completed food and activity trackers; declare minutes of activity for previous week and pedometer steps when you get pedometers
- Collect session materials, new trackers and goal sheets
- Try the recipe of the day and get copy of recipe to try at home!
- Dress comfortably for light to moderate paced exercise

Prevent T2
Informational Session
Program Details

INCENTIVES

First 6 months –Participants who attend 80% of the sessions (13) on the scheduled date, making up any missing sessions by the end of the Core Sessions (Session 16) and bring Food and Activity Trackers completed 80% of the time will receive an incentive. The incentive will be something that supports a healthy lifestyle.

Second 6 months – Raffles: show up for session, enter raffle; bring completed tracker, get another raffle. Winner gets prize at end of session.

Pedometer challenges – group walks around the U.S. Individuals with highest pedometer steps recognized.

Prevent T2 Informational Session

Cost of year-long program: \$500

The Athens County Health Department and the AADE is providing scholarships for individuals who have pre-diabetes. Pay \$100 at the beginning of program and receive it back if 80% of program is completed.

Certain employers may pay for program: UMA, OU

OU employees – pay \$100 up front and get this back if complete 80% of program

UMA – If pt does not complete 80% of program, pt pays for program costs.

Prevent T2 Informational Session (session 0)

Read, sign and turn in forms:

- ✓ Physician Referral form
- ✓ Participant agreement form
- ✓ Program intake form
- ✓ Fitness questionnaire
- ✓ Consent forms for:
 - Sharing contact information with the group and staff
 - Allowing photos of self during the program
 - Waiver form for exercise

Prevent T2 Lifestyle Change Program Intake Form

Today's Date (mm/dd/yyyy) _____ Employee: _____

First Name: _____ **Last Name:** _____

Street Address: _____ **Phone Number:** _____ (Home) _____ (Cell) _____

Date of Birth (mm/dd/yyyy): _____ **Gender:** _____ Male _____ Female _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed _____

Work Information: _____ **Employer:** _____ **Job Title:** _____ **Hours per Week:** _____

Medical History: _____ **Current Medications:** _____ **Weight (lb):** _____ **Height (in):** _____

How do you feel about your health? _____ **Do you have any chronic conditions?** _____

How confident are you that you can make changes now? _____

Physician Referral: _____ **Physician Name:** _____ **Physician Address:** _____ **Physician Phone:** _____

Other: _____

Signature: _____ **Date:** _____

Readiness to Change Questionnaire

Where am I right now?

Please indicate your physical activity and eating over the past 30 days. Please answer the following questions. Please circle the number in relation to how strongly you agree or disagree with the following statements. (Check "Not Enough or Not at All" if you do not want to answer.)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I eat enough physical activity.	1	2	3	4	5
I eat too much food.	1	2	3	4	5
I eat too many calories.	1	2	3	4	5
I eat too many fats.	1	2	3	4	5
I eat too many carbohydrates.	1	2	3	4	5

How confident are you that you can make changes now?

Please circle the number to indicate how confident you are that you can make the following changes. (Check "Not Enough or Not at All" if you do not want to answer.)

	Not at All	Not Very	Some	Very	Extremely
I eat more physical activity.	1	2	3	4	5
I eat less food.	1	2	3	4	5
I eat fewer calories.	1	2	3	4	5
I eat fewer fats.	1	2	3	4	5
I eat fewer carbohydrates.	1	2	3	4	5

Lessons learned, observations made...
(anecdotal)

- Optimal size of group – 10 to 15. There will be drop outs; if starting too small, not enough energy in the group. Too large, and group intimacy is sacrificed.
- Success for participant is inversely correlated to the complexity of one's life
 - Full time jobs and responsibility of children or elderly parents are challenges to staying in program
 - Financial challenges, health problems, lack of support are also challenges
 - Lack of confidence, failed attempts at dieting, eating disorders present challenges
- Retired individuals or those that have more time and fewer responsibilities for others do better.
- Attention to attendance and tracking are indicators of success.
- Couples participating together in program can be helpful, although less likely to happen.
- Those who have already started the process of change before coming to program do better.

Kimberly Lovelady

Fundamental Health Solutions



About Us

Female-owned socially conscious health and wellness firm located in Jackson, TN.

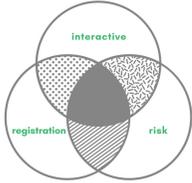
Specializing in reaching underserved populations: African American, Latino and rural residents.

Implementing Change Your Lifestyle, Change Your Life. for 3 1/2 years and May 2016 received FULL RECOGNITION From CDC.

In partnership with the Black Women's Health Imperative through a cooperative agreement with the Centers for Disease Control and Prevention (CDC)




session DNA


KEY SUCCESS FACTORS

session quality
PRODUCES HIGH QUALITY SESSIONS BY USING EXISTING EVENTS, BEST COACHES AND IMPLEMENTS QUALITY CONTROL PROCEDURES

knowing the target market
CREATES SESSIONS THAT ARE SUITABLE FOR THE NEEDS AND TASTES OF THE AUDIENCE

innovation
INTRODUCES AND IMPLEMENTS NEW STRATEGIES IN ORDER TO DIFFERENTIATE ONESELF FROM COMPETITORS

flexibility
MODIFIES THE PRESENTATION TO ACCOMMODATE SCHEDULING, NEW TECHNOLOGIES AND TRENDS TO ENHANCE THE SESSION



INQUIRIES & CLARIFICATION

If you have inquiries or are in need of clarification on any aspect of the session zero please contact:

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Questions and Discussion

Poll Question

Based on what you have heard today, do you plan to implement a Session Zero?

- A. Yes
- B. No
- C. Need more information to decide

If C was chosen, please specify what information you need in the question box located in your control panel.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.