

# **APPROACHES TO EMPLOYER COVERAGE OF THE NATIONAL DIABETES PREVENTION PROGRAM FOR EMPLOYEES AT RISK FOR TYPE 2 DIABETES**

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National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

TTASC | Training and Technical Assistance Support Center

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# APPROACHES TO EMPLOYER COVERAGE OF THE NATIONAL DIABETES PREVENTION PROGRAM FOR EMPLOYEES AT RISK FOR TYPE 2 DIABETES

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## Overview

In 2010, Congress authorized the Centers for Disease Control and Prevention (CDC) to establish and lead the National Diabetes Prevention Program (National DPP). The National DPP is a results-driven partnership of public and private organizations that provides a framework for national type 2 diabetes prevention efforts, including building an infrastructure for the delivery of an evidence-based lifestyle change program for people with prediabetes or at high risk for type 2 diabetes. This program has been proven effective in preventing or delaying onset of type 2 diabetes.<sup>1-3</sup>

The National DPP has four components: (1) training the workforce; (2) developing intervention sites; (3) ensuring the quality of the programs offered by the intervention sites through the Diabetes Prevention Recognition Program (DPRP); and (4) health marketing to ensure referrals, increase coverage, and facilitate program uptake. As of August, 2016, there were more than 1,000 in-person and virtual organizations in the DPRP registry that had enrolled more than 84,000 participants. Coverage for CDC-recognized lifestyle change programs as a health benefit is expanding. As of August, 2016, 11 states were covering the program for more than 3 million public employees and dependents, and more than 60 employers and insurers were covering the program in various markets.

Over the past 4 years, CDC has funded state and city health departments through State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (CDC-RFA-DP13-1305, hereafter referred to as 1305 ) and State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and

### A CASE Framework for Preventing Type 2 Diabetes\*

1. **Awareness**—Increasing public and clinician awareness of prediabetes and the diabetes epidemic.
2. **Coverage**—Ensuring that participation in CDC-recognized diabetes prevention programs is included in the health benefits package of public and private health insurance firms and large employers.
3. **Availability**—Ensuring that there are enough CDC-recognized diabetes prevention programs to meet local needs.
4. **Screening**—Increasing clinician screening, detection, and referral of individuals with prediabetes to CDC-recognized diabetes prevention programs, and building bidirectional communication.
5. **Enrollment**—Ensuring high rates of enrollment and participation by individuals with prediabetes in CDC-recognized diabetes prevention programs.

\*Developed by CDC and the American Medical Association to guide their collaboration, and used by grantees as a basis for state partner engagement meetings and state strategic plans to scale and sustain the National DPP.

Stroke (CDC-RFA-DP14-1422, hereafter referred to as 1422) and national organizations through Preventing Type 2 Diabetes Among People at High Risk (CDC-RFA-DP12-1212, hereafter referred to as 1212) to explore and test new and innovative approaches to scale and sustain the National DPP. Their efforts are helping to efficiently and effectively reach the 86 million Americans at risk for type 2 diabetes. The goal of the *Emerging Practices in Diabetes* series is to summarize and share information on these approaches to inform the work of all National DPP partners and to increase the collective impact of these partners on the four components of the National DPP. This document tells the stories of five employers offering the National DPP's lifestyle change program as a covered health or wellness benefit for their employees and discusses the varied approaches, challenges, and key factors contributing to their success. A table summarizing and comparing the different approaches is provided at the end of the document. This information will be helpful for other employers interested in providing coverage for the National DPP as well as CDC grantees and other organizations that have a stake in scaling and sustaining the program by expanding access to employees nationwide.

## Costco

### Background

The director of benefits at Costco, a membership-only warehouse club, first considered offering a CDC-recognized diabetes prevention program to Costco employees after learning about Omada Health, Inc., an online program provider (<https://go.omadahealth.com/>), and then hearing a presentation by representatives from Omada at Costco's corporate offices. Omada is a CDC-recognized program provider using an online approach that includes individualized support from a professional health coach (via phone and messaging); a private participant support group; training using a CDC-approved curriculum; a cellular-enabled weight scale; and other tools to help participants achieve success. Costco's director of benefits made the case for offering the program as a way to improve employee health and received corporate approval to move forward. The scientific evidence supporting the program and the performance-based online delivery model, with its defined start and end points, were very appealing. Costco is billed in three installments by Omada and pays when employees 1) enroll in the program, 2) complete nine of 16 program lessons in the first phase of the program, and 3) meet weight loss goals at the end of the yearlong program. The online model was compatible with Costco's decentralized structure with locations across the country. The delivery model also fit with Costco's need to offer this benefit using minimal company resources.

In a pilot program, Costco found that employee engagement and retention rates in the program were high; on this basis, Costco's employee benefits group rolled out the program nationwide. Although Costco did not have the opportunity to compare Omada with an in-person CDC-recognized diabetes prevention program, the success of the online model encouraged Costco to continue offering the program as a covered benefit under their medical plan. Coverage applies exclusively to Omada's program, and about 10,000 of Costco's 130,000 employees have participated as of May, 2016.

## Approach

Costco encouraged employees to participate in prescreening using the One-Minute Challenge computer-based tool created by Omada to identify potentially eligible participants. Omada used the results to invite employees to see if they qualified for the program. Costco conducted the One-Minute Challenge as a regional competition and identified an employee champion for each region to coordinate the screening effort; the location with the highest percentage of employees who took the challenge won a group incentive, such as a Vitamix blender for their local store breakroom. Costco advertised the One-Minute Challenge through posters, an employee magazine, and other vehicles. In many locations, 50%-60% of employees participated in the challenge. Although Omada's CDC-recognized diabetes prevention program is available for Costco employees to sign up year-round, Costco plans to have about two One-Minute Challenge campaigns per year to keep employee engagement high. Promotional materials and messaging for the program have generally been developed by Omada rather than by Costco. However, Costco does some internal promotion and has featured stories about employee participation in 4 of 12 issues of their employee magazine. They noted the effectiveness of the message "People like me can do this."

The program is a covered medical benefit for current employees, their spouses, and their children aged 18 and older who meet program eligibility requirements. There is no limit on the number of participants per year, and employees are allowed to repeat the yearlong program. One hundred percent coverage is intended to encourage employee engagement. Costco does not allow employees time during the workday to participate in the program.

## Measures of Success

Costco is measuring the success of the program based on employee engagement, completion rates, and weight loss. Their goal is for employees to find the program valuable. Costco plans to track participant health outcomes in the future but is not currently doing so. With low employee turnover, Costco will be able to follow employees over time to evaluate the impact of the program on preventing or delaying progression to type 2 diabetes.

## Challenges & Lessons Learned

One challenge for Costco was that employees with diabetes were disappointed to learn that they were not eligible for the program. This is being addressed by making employees with diabetes aware of the most appropriate programs and services available to them through Costco.

## Recommendations

The director of benefits at Costco recommended that state health departments and other groups working with employers to include the National DPP as a health or wellness benefit start by contacting the benefits department or other units under the human resources umbrella.

## Summary

Costco offers Omada's online diabetes prevention program as a covered medical benefit to its employees, their spouses, and their children aged 18 and older who meet program eligibility requirements. Costco has found the easy-to-deploy online model to be a good fit for their

employees located in different geographic areas across the US, and has worked creatively using the One Minute Challenge to engage employees and encourage program uptake.

## General Dynamics Bath Iron Works

### Background

General Dynamics Bath Iron Works (BIW), a large full-service shipyard, first considered offering the National DPP's lifestyle change program to employees and their spouses after a conversation between the program manager of BIW's *Fit for Life* wellness program and his counterpart at L.L.Bean. *Fit for Life* offers BIW employees and their spouses programs and other resources on health and disease prevention, nutrition, exercise, money management, and work-life balance.

The conversation was based on a mutual understanding of the importance of prevention of type 2 diabetes and management of obesity, as well as awareness that the National DPP's lifestyle change program has a proven track record of success in delaying or preventing type 2 diabetes and promoting weight loss. This conversation led to implementation of a pilot program offered jointly by BIW and L.L.Bean. Although this partnership is no longer active, BIW's *Fit for Life* continues to offer a CDC-recognized diabetes prevention program as a wellness benefit for employees and their spouses at risk for type 2 diabetes. BIW has also expanded the program from about 8 participants in one joint class with L.L.Bean to over 100 participants in 2015, and is projected to serve 135 participants in 2016.

BIW took into account its low employee turnover when making the decision to offer the program. The average employee has been with the company for almost 20 years. Thus, investment in disease prevention makes good business sense, especially because BIW estimates that the health care costs of its employees with diabetes are about three times that of other employees.

### Approach

BIW noted that coordination and support for programs for their employees depended on a number of partnerships. Mid Coast–Parkview Health is contracted to manage *Fit for Life* under the direction of BIW's Integrated Health Services unit (responsible for benefits and wellness) within Human Resources. The Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention Diabetes Unit supervisor provided technical assistance and support in development and delivery of the program for BIW, including support related to data reporting. The Maine State Innovation Model (SIM) grant from the Center for Medicare & Medicaid Innovation was also an important facilitator. The SIM grant brings the Maine Department of Health and Human Services and a range of partners (including BIW) together to test whether CDC-recognized diabetes prevention programs can improve outcomes and reduce costs when applied to Value-Based Insurance Design, Patient-Centered Medical Homes, and Accountable Care Organizations.

Program delivery involves collaboration between BIW and area health care centers and primary care practices to recruit participants and to host and facilitate classes. BIW offers a class when

enough eligible individuals have signed up. The majority of the classes are facilitated by the nine health coaches under contract with BIW through a company called TrestleTree. These coaches are nurses and registered dietitians with experience in helping people make lifestyle changes. Beyond offering classes internally in partnership with Mid Coast–Parkview Health, BIW partners with Maine General Health, St. Mary’s Regional Medical Center, and Central Maine Healthcare. These partners are also CDC-recognized diabetes prevention program providers, and their classes are available to BIW employees and their spouses. If there is enough interest, they will also create a class especially for BIW employees and spouses.

In offering the program as a free wellness benefit for its employees, BIW assumes responsibility for program expenses. Expenses include lifestyle coach salaries, program materials, and monetary incentives paid to participants for prediabetes screening and for meeting participation and weight loss goals. BIW is a self-insured employer. They are in conversations with Cigna, their third party administrator, to determine the feasibility of including the program as a medical benefit covered by the employee health plan in the future.

BIW employees work three different shifts, and program classes are conveniently scheduled for employees on each shift. Some of the classes are offered onsite, but most are offered in the community at primary care practices, other convenient community locations, and at St. Mary’s Regional Medical Center. Classes at St. Mary’s Regional Medical Center are offered in partnership with the local YMCA.

To increase employee participation in the program, BIW has developed promotional materials, including a postcard with eye-catching visuals. Beyond promotional materials, word of mouth from participants has helped support and sustain the program.

BIW offers its employees and their spouses both onsite and community-based prediabetes screening, which includes A1C testing. Individual employees may be screened annually, and screenings are offered throughout the year. BIW actively promotes onsite screening for employees through an incentive program, frontline supervisors, newsletters, digital bulletin boards, and by other means. Employees participating in screening events receive their choice of a gift valued at \$50 (L.L.Bean gift card, Irving gas card, Fitbit Zip, or a Leatherman Sidekick). For convenience, employee screening is conducted in over 40 areas across the shipyard. Screening includes employee check-in; a 5-page health assessment; a finger stick for A1C, cholesterol, and other measurements; waist circumference; blood pressure; and body mass index (BMI). Results are entered on the form, and a BIW lifestyle coach goes over the results with the employee and makes recommendations, which includes referral to a CDC-recognized diabetes prevention program for those who are eligible. Screening for spouses is similar but occurs in community settings and is promoted by e-mail blasts, Facebook posts, and postcards sent in the mail. Spouses participating in screening events receive their choice of a gift valued at \$100 (L.L.Bean gift card, Irving gas card, Fitbit Flex, or Leatherman Wave).

### **Measures of Success**

BIW measures success based on the number of employees and spouses screened as well as program participation; these numbers have increased annually. In fact, the goals BIW set in

2015—for both screening and program participation—were met and exceeded. BIW screened 3,100 of 6,100 employees and 600 spouses and offered the program to 105 people. In evaluating programmatic success, BIW also tracks the average weight loss of program participants and other health measures. In the last year, weight loss averaged about 7%. In the future, BIW will seek to assess the impact of participation on preventing or delaying progression to type 2 diabetes.

### **Challenges & Lessons Learned**

The biggest challenge faced by BIW in implementing a CDC-recognized diabetes prevention program was the initial training of lifestyle coaches, which was fairly expensive. This expense has been mitigated by partnerships with organizations that have grant funding for coach training expenses. Another challenge was recruiting participants; BIW addressed this challenge by offering incentives. In addition to the screening incentives, participants receive \$100 for completing all of their activity and food tracking, and another \$100 at the end of the yearlong program for meeting and sustaining a 7% weight loss goal. Finally, program capacity was a challenge, as it was limited by the current number of lifestyle coaches and programs available statewide. BIW is currently generating ideas to facilitate program expansion. For instance, the addition of an online platform for the existing CDC-recognized diabetes prevention program classes could expedite registration, scheduling, delivery of classes, and data analysis.

### **Recommendations**

BIW recommended that state health departments and other groups working with employers to include the National DPP as a health or wellness benefit reach out to the leadership of the wellness program, and to the health care benefits program and those they report to in human resources. BIW also advised that a case for cost savings could be made for those organizations with high employee retention rates.

### **Summary**

BIW offers its employees and their spouses access to a CDC-recognized diabetes prevention program as a wellness benefit and is in discussions with its employee health plan carrier about offering the program as a medical benefit in the future.

## **Latham & Watkins**

### **Background**

In 2010, Latham & Watkins (Latham), a leading global law firm, launched its global wellness program, *LiveWell Latham*. For the first several years, *LiveWell Latham* included “one size fits all” weight loss and nutrition programs. By 2014, Latham proactively focused on more targeted efforts to achieve a greater impact for the most at-risk personnel. Around that time, the firm’s Global Wellness Manager attended a presentation on the National DPP delivered by Ann Albright, Director of CDC’s Division of Diabetes Translation, and determined that this was an essential area to explore. The Global Wellness Team, part of Latham’s Global Benefits Department, led the effort to bring the program to Latham personnel.

## Approach

Latham has over 4,600 attorneys and staff distributed across more than 30 offices around the world, including 12 US offices in 10 different cities. As a professional services firm whose business model revolves around subject matter experts, the Global Wellness Team felt that Latham personnel would be more engaged in a type 2 diabetes prevention program if it were delivered by a nurse or other health professional from a top-tier medical center. As a result, the team focused on office locations where an appropriate medical center was available, eventually identifying NewYork-Presbyterian and collaborating with its corporate health department to develop the program.

In addition to its collaboration with a premier medical center, Latham received extensive support and guidance from the National Association of Chronic Disease Directors (NACDD). NACDD not only helped guide the Global Wellness Team through the process of researching and developing their offering at Latham, but also worked closely with NewYork-Presbyterian to fulfill the training and accreditation requirements for CDC-recognized diabetes prevention program delivery.

Latham piloted the CDC-recognized diabetes prevention program as a wellness offering in its New York office and covered the costs of this benefit for eligible personnel. The firm offered the program onsite for convenience, with weekly classes delivered during the workday by a nurse from NewYork-Presbyterian at two alternative times around the lunch hour. Latham did not offer incentives for the program. Latham did, however, provide participants who attended 14 or more of the lifestyle change program classes with an electronic scale and encouraged program participation by developing various promotional materials.

As of May, 2016, Latham has completed a 1-year pilot program, which entailed offering classes with NewYork-Presbyterian to approximately 25 participants, divided into two groups. In structuring the program, Latham framed it as a medical offering for disease prevention and offered onsite A1C tests to help identify individuals with blood glucose levels in the prediabetes range. Latham kicked off the pilot in January 2015 by promoting the A1C test to the 600 employees in its New York office. Participation in the screening was high. All 120 open screening slots were filled, and results mirrored the national average of approximately 30% of Americans falling within the prediabetes range. To ensure that all participants with A1C values greater than normal had immediate access to support and resources, Latham set up a private consultation room down the hall from the screening where those individuals had the opportunity to meet with a nurse who was also a trained lifestyle coach. The nurse was able to enroll individuals in Latham's pilot program or provide other suggestions or referrals, as appropriate.

## Measures of Success

The firm's primary measure of program success was attendance, though personnel engagement and health outcomes were also tracked. The New York pilot program started with 25 participants divided into two classes. Most completed the first 16-week phase of the program and moved to the second phase of monthly classes. Of 15 participants who had their A1C values

retested during the second phase, 10 had moved into the normal blood glucose range, while another 2 had medical conditions that were believed to have affected their results.

Moving forward, Latham is considering future iterations of the program in its New York office, and is working to develop a similar program with a top-tier medical center in Los Angeles, where the firm has three offices.

### **Challenges & Lessons Learned**

One of the challenges encountered by Latham in offering its CDC-recognized diabetes prevention program was the intersection of participation tracking and confidentiality. While Latham worked hard to maintain confidentiality of participants, because the classes were held at the office and the Wellness Team coordinated class scheduling and distribution of materials, it was impossible *not* to know who was participating. Furthermore, anonymous attendance records inhibited Latham from being able to encourage continued participation by specific individuals or accurately interpret missed classes by those who were known to be traveling or involved in time-limiting projects. These issues will be addressed in future programs by having participants sign a waiver agreeing that attendance records can be shared with the Wellness Team. Latham also found that make-up sessions became a burden on the coaches, as coaches were required to conduct individual phone calls with participants. For future classes, Latham will offer one scheduled group make-up session each week to help minimize the need for individual make-up sessions. Another challenge emerged when seeking major medical centers with which to collaborate; such institutions often prefer fee-for-service billing for the actual nurse hours required to offer the program rather than the pay-for-performance approach upon which many CDC-recognized diabetes prevention programs are modeled. In addition, in replicating the New York program's success in its other offices, Latham will have to build new relationships with other local medical centers to offer the program, creating a scalability challenge. The Wellness Team at Latham advises other organizations interested in offering a CDC-recognized diabetes prevention program to consider these issues, as well as factors such as whether employees have flexibility to participate during the workday and other industry-specific variables.

### **Summary**

Latham offers CDC-recognized diabetes prevention programs onsite as a wellness benefit to personnel through collaboration with a major medical center. Latham tested this as a pilot program in New York through collaboration with NewYork-Presbyterian Hospital. Latham now plans to offer a CDC-recognized diabetes prevention program in Los Angeles through participation with a local top-tier medical center.

## **University of Michigan**

### **Background**

At the University of Michigan (UM), a public research university, health and well-being program (*MHealthy*) leadership has been cognizant of the shift in wellness initiatives toward self-management and prevention of chronic diseases for some time. *MHealthy* has focused on the

preventive element, which is the nature of most of UM's wellness benefits. The medical benefits unit at UM was first prompted to offer a CDC-recognized diabetes prevention program to employees and dependents at high risk for type 2 diabetes by a pilot program initiated at UM by a medical resident. The medical benefits unit put together a business case for the program and provided it to the medical benefits advisory group at UM for review. This was followed by the planning and implementation of a 3-year pilot launched in August 2015 with UM's largest health plan, UM Premier Care (UMPC).

## Approach

Because the CDC-recognized diabetes prevention program is a covered medical benefit in the employee health plan at UM, the organization administering the program is Blue Care Network (BCN). UM is a large self-insured employer, and BCN is the administrator of UMPC. It should be emphasized that UM is the only employer in BCN's book of business offering the program as a medical rather than a wellness benefit, and one of the first employers in the state to include this benefit. Accomplishing this has been resource intensive.

The 3-year pilot program at UM is being implemented in phased strategies. Each strategy is implemented by BCN, which has contracted with four CDC-recognized diabetes prevention program providers for this purpose: Omada Health; the National Kidney Foundation of Michigan; the University of Michigan Division of Metabolism, Endocrinology, and Diabetes (MEND); and the Ann Arbor YMCA. The vendors offer the program online (Omada) and in person (the other vendors).

Strategy 1 in the pilot program includes identifying employees with prediabetes using A1C results. BCN reviewed claims and mailed letters to each of the 3,500 employees identified as having prediabetes, which served as an invitation to enroll in one of the four CDC-recognized diabetes prevention programs. In addition, a follow-up letter was sent to those who did not act on the initial letter, and letters were also sent to primary care physicians (PCPs) to advise them of their at-risk patients. As a result of this initial letter campaign, 240 UM employees with prediabetes enrolled in a program. UM stressed the need to improve communication with physicians in order to enlist their support in engaging members to enroll in a program. Administrative staff at the three largest physician organizations serving this population received an electronic list of at-risk patients and were encouraged to send them reminders or contact them via phone to encourage enrollment in a program. To date, only one physician organization has begun this outreach.

Strategy 2 included the use of a validated and published<sup>4</sup> algorithm that uses administrative data (prescription records and lab results) to stratify employees by their risk of developing type 2 diabetes. The top 1,000 persons identified by the algorithm as being at highest risk were encouraged to get an A1C test at their PCP's office and, if confirmed as having prediabetes, enroll in a CDC-recognized diabetes prevention program. Later in 2016, the third strategy will focus on broader outreach, in which health plan members will be encouraged to take the American Diabetes Association (ADA) diabetes screening test. If identified as high risk, members will be directed to their PCP for follow-up to determine if they have prediabetes, and offered a CDC-recognized diabetes prevention program if appropriate.

The rationale for this approach was to ensure that UM (through Blue Care Network) directed efforts first to employees at highest risk for type 2 diabetes. UM intends to follow up by casting a wider net based on the algorithm to identify members with prediabetes. One reason that UM is taking a “go slow” approach to broadening outreach is that project leadership did not want to stress the workflow of the PCPs, as many participants in the UM employee health plan are served by the UM PCP Network. UM has about 60,000 adult members in UMPC, and about 16,000 are estimated to be at risk for type 2 diabetes. Another reason for this approach is the wish to be realistic about the carrier’s ability to support the benefit. Some CDC-recognized programs do not have the capacity to submit claims; as a result, the carrier must implement a voucher system in addition to processing claims. UM is exploring making prediabetes screening available to employees in a health fair setting or a flu vaccine clinic in the future.

Eligibility for the benefit at UM includes being at least 18 years of age, not being eligible for Medicare, having a BMI of  $\geq 24 \text{ kg/m}^2$  (or  $\geq 22 \text{ kg/m}^2$  if Asian), and having a diagnosis of prediabetes as evidenced by A1C results. Those eligible include covered employees, their dependents, and non-Medicare retirees. There is no cost sharing by members; the benefit is free of charge to those eligible. Payment to the CDC-recognized diabetes prevention program providers is blended; it is partially a flat rate, and partially pay-for-performance based on participant engagement and weight loss.

The classes offered onsite at UM all take place in the evening. Offsite classes are not typically attended by UM employees during the workday, although this accommodation is acceptable if agreed to by the unit supervisor. Participants can find information about specific classes on the program website at [hr.umich.edu/diabetes-prevention](http://hr.umich.edu/diabetes-prevention).

### **Measures of Success**

To assess success, UM will extensively evaluate the results of its 3-year pilot to arrive at a data-driven conclusion regarding what is and what is not effective. Both engagement strategies and outcomes will be examined. In addition, by linking to claims data, the cost effectiveness of pilot program implementation will be objectively assessed.

### **Challenges & Lessons Learned**

Having four vendors that offer the program somewhat differently presented challenges for UM. For example, trying to give all four vendors equal access fairly and without barriers and also providing equivalent billing options was complicated. Providing eligibility confirmation to four vendors was also challenging. UM brings the four vendors together quarterly to review progress on the pilot and to work on obstacles such as shifting participants between vendors to accommodate waiting lists. Navigating these challenges is worthwhile, because UM leadership wants to work with multiple vendors to expand program offerings for a large, at-risk population.

UM also identified a need for additional data on cost effectiveness of CDC-recognized diabetes prevention programs. Specifically, cost effectiveness could be measured more accurately if the associated effects on other chronic conditions (e.g., relief from sleep apnea symptoms) were factored into the equation.

UM views the business case for the covered employee benefit as straightforward to make from the purchaser’s perspective, particularly for large organizations. In their view, the benefits to employee health and potential health care cost savings outweigh program costs. UM found that the program was not overly expensive to implement but suggested that the time required to implement may be a barrier for some smaller organizations. Indeed, UM would have appreciated assistance in working with its carrier to design and implement the program as a medical benefit.

## Summary

UM is distinguished as the first employer in Michigan to offer a CDC-recognized diabetes prevention program as a covered medical benefit in an employee health plan. UM employees, their covered dependents, and non-Medicare retirees enrolled in UMPC who meet program eligibility requirements are eligible for the benefit. Those identified as at risk for type 2 diabetes are encouraged to get an A1C test at their PCP’s office and, if appropriate, enroll in a CDC-recognized diabetes prevention program.

## New York City

### Background

A timely convergence of activities led to New York City’s (NYC’s) Office of Labor Relations (OLR) and Department of Health and Mental Hygiene (DOHMH) offering CDC-recognized diabetes prevention programming in the workplace at several city government agencies. Under the administration of Mayor Bill de Blasio, OLR recognized the importance of incorporating employee health and wellness into its role of administering benefits for about 340,000 active NYC employees—a total of 1.2 million lives, including retirees and dependents. WorkWell NYC, an overarching program to promote health at the workplace, was formed, and diabetes was quickly identified as a key health concern for the city and its unions. Therefore, implementing a type 2 diabetes prevention program became one of WorkWell NYC’s first initiatives. OLR and DOHMH were unified in their motivation to provide services and support in the workplace to keep healthy people healthy, help those at risk, and help those suffering from a chronic disease get better.

### Approach

The strong partnership between OLR and DOHMH was essential to the successful launch of this project. Both entities shared an interest in addressing type 2 diabetes prevention for employees and had different types of resources. OLR had expertise on workplace policies and systems. DOHMH had experience in diabetes prevention program implementation in the community and was awarded CDC’s 1422 cooperative agreement to assist in scaling and sustaining the National DPP. The strategic pairing of the organizations’ respective resources and expertise allowed them to launch onsite CDC-recognized diabetes prevention program classes for NYC employees at risk of developing type 2 diabetes. OLR and DOHMH both have pending recognition from CDC, are submitting annual data as required by the DPRP, and are listed in the DPRP registry ([https://nccd.cdc.gov/DDT\\_DPRP/Registry.aspx](https://nccd.cdc.gov/DDT_DPRP/Registry.aspx)).

As of June, 2016, six NYC agencies offered classes at the worksite, with about 250 total participants. DOHMH and the NYC Department of Environmental Protection (DEP) were the first two agencies in New York City to roll out a CDC-recognized diabetes prevention program. Two DOHMH staff members provided a small proportion of their work in-kind to serve as lifestyle coaches for the DOHMH classes. OLR worked with EmblemHealth—a major insurer for city employees—to provide a lifestyle coach for the DEP classes. Both DOHMH and DEP reported positive experiences and high levels of engagement and interest by employees. Other city agencies that have adopted this program include the NYC Department of Education, Department of Transportation, Human Resources Administration, and the New York City Housing Authority. Their classes are delivered by a full-time lifestyle coach whose time is dedicated 100% to the project.

NYC's approach also leverages additional partnerships. OLR has partnered with employee unions to ensure they are aware of and in agreement with strategies for member engagement. To expand and evaluate the program, DOHMH and OLR have sought complementary funding and partnerships. To support data collection and analysis, NYC partnered with the Quality & Technical Assistance Center (QTAC) at the University at Albany School of Social Welfare. QTAC provides access to a platform (COMPASS) that allows lifestyle coaches to enter data to track participant attendance and weight loss, and also automates reporting to CDC's DPRP. The QTAC team cleans the data and submits them to the DPRP, and provides technical assistance for achieving and maintaining CDC recognition.

The New York State Health Foundation's (NYSHF) Scaling up the National DPP among the New York City Workforce grant has enabled OLR to hire a full-time lifestyle coach. This coach provides classes outside of DOHMH and DEP and is supporting the use of an online version of the program, which will help meet the needs of more employees working in different settings. Additionally, funding from NACDD, through its 1212 cooperative agreement from CDC, will allow OLR to hire at least one additional lifestyle coach.

NYC has worked to make the workplace programs as convenient as possible. This has included providing lunch hour programs, given that employees had a lower preference for before- or after-work sessions. Finally, the lifestyle coaches worked with participants outside of the sessions to ensure they were meeting their goals.

The awareness campaign for this initiative included mass e-mails to city employees with screening recommendations during National Diabetes Month and information sessions held onsite at the agencies. At these sessions, employees could hear a description of the program and complete their own risk assessment test. NYC worked with the unions to encourage employees to come to the sessions and ensure their support of employee participation. Additionally, OLR maintains information about the National DPP on its website.

Staff emphasized the privacy of information for all employees. Employees who self-identified as potentially having prediabetes were encouraged to see their physician for an A1C test. "Session

Zero” meetings—informational engagements held before the program started—provided an opportunity to lay out program expectations and explicitly solicit participant commitment.

NYC’s program offerings are not part of the current health benefit package for employees. The pilot program is offered at no cost to employees and on a first-come, first-served basis. Demand has exceeded availability. However, by demonstrating the health and economic benefits of the program, OLR will seek to secure insurance coverage in the future, which will allow for program expansion.

### **Measures of Success**

OLR and DOHMH are measuring success in a variety of ways. First, using the standard reporting mechanism through QTAC, participant attendance, physical activity levels, and percent losing at least 5% of their starting body weight are measured and monitored routinely by program managers. Additionally, tracking the proportion of participants who finish the 16 weekly sessions in the first 6 months and move into the maintenance phase is also part of the process evaluation. Secondly, OLR and DOHMH coaches are collecting feedback from participants to better understand the factors that contribute to the social cohesion observed among the participants and its longer term implications. Lastly, the New York Academy of Medicine (the Academy) is conducting a mixed-method evaluation of the worksite wellness programs. By utilizing pre- and post-session surveys and focus groups, and examining the CDC-required data (attendance, physical activity, and weight loss), the Academy will be able to describe the impact of the program on individuals and participant experiences. Evaluators are also assessing whether participants are making lifestyle changes and influencing family members and coworkers who are not enrolled in the program; employee satisfaction; and whether employees feel they are supported by their employer to participate in the program. Workplace outcomes, such as productivity and team effectiveness, are also evaluated as measures of success.

The success of the NYC workplace programs can be attributed to a number of important factors. The convenience of the workplace setting may have helped overcome enrollment and attendance challenges frequently experienced in community-based or clinical settings. OLR and DOHMH emphasized that it is important to determine the best days of the week, times of the day, and schedule for the year for a particular workplace-based class. Employee engagement and enthusiasm for the program have helped participants reach their goals. Conducting a Session Zero helped align expectations and improved participants’ understanding of the program and the commitment involved. The rapport that coaches developed with participants increased participant engagement. Lastly, project leaders emphasized the importance of the overall high level of coordination and collaboration, not only between OLR and DOHMH, but also with DEP as another incubator site and EmblemHealth in providing a lifestyle coach for DEP. These initial incubator sites at DOHMH and DEP fostered important learning that enabled improvements to be implemented at the additional four agencies.

### **Challenges & Lessons Learned**

As with all new programs, OLR and DOHMH experienced a variety of challenges related to implementing the workplace programs. The startup time was longer than anticipated (up to 1

year). Logistical challenges associated with offering classes in the workplace included limited privacy for meetings, difficulties with scheduling, and sharing of class equipment when multiple classes meet at the same time. Confirming that individuals had prediabetes was also challenging, as the self-administered risk assessment did not measure A1C levels. In the second cycle of the program, OLR prioritized individuals with clinical confirmation of prediabetes. The yearlong time commitment for the program also presents challenges during holiday and summer schedules.

For other employers interested in offering the program, a number of lessons emerge from the NYC experience. Organizations should start small, learn from early successes and lessons, and then scale up. Additional considerations include planning for extra time during the start-up phase and measuring outcomes such as employee satisfaction. Understanding changes in productivity and team effectiveness have emerged as areas for future evaluation. Lastly, strong coordination and communication between entities with shared interests and complementary assets are essential to the success of implementing programs in the workplace setting.

### **Summary**

NYC's OLR and DOHMH partnered with one another and other agencies and organizations to offer CDC-recognized diabetes prevention programs onsite for employees of several NYC agencies. They plan to continue to expand their reach to more NYC employees, and expect that the success of this approach will lead to additional support from insurers and other funders for these programs.

**Table. Comparison of Employer Approaches to Coverage for the National Diabetes Prevention Program for Employees at Risk for Type 2 Diabetes**

	<b>Costco</b>	<b>General Dynamics Bath Iron Works</b>	<b>Latham &amp; Watkins</b>	<b>University of Michigan</b>	<b>New York City</b>
<b>Employer Type</b>	Membership-only warehouse club	Shipyards	Global law firm	Public research university	City government employer
<b>Number of Employees or Personnel (note: not the numbers reached by CDC-recognized diabetes prevention programs)</b>	135,000+	6,100	4,600 attorneys and staff	40,000 employees; 100,000 covered lives in all health plans	340,000
<b>Location of Diabetes Prevention Programs</b>	600+ stores across the US	Bath, Maine	New York City office	Ann Arbor Michigan + two satellite campuses (Flint & Dearborn, Michigan)	Multiple NYC agencies, including DOHMH and DEP
<b>National DPP Provider(s)</b>	Omada (online provider)	Mid Coast–Parkview Health, Maine General Health, St. Mary’s Regional Medical Center, Central Maine Healthcare, and others	NewYork-Presbyterian	Omada (online provider); the National Kidney Foundation of Michigan; the University of Michigan Division of Metabolism, Endocrinology, and Diabetes; the Ann Arbor YMCA	NYC OLR; NYC DOHMH; EmblemHealth
<b>Benefit Type</b>	Medical	Wellness	Wellness	Medical	Wellness (first-come, first-served)
<b>Employee Engagement/ Recruitment Strategies</b>	One-Minute Challenge (regional competition)	Promotional materials; word of mouth; incentives for screening and participation, activity completion, and sustained weight loss	Promotional materials, electronic scale for attendance at 14 or more classes	Letter campaigns targeting at-risk employees and communication with PCPs	Awareness campaign, information sessions, Session Zero, word of mouth

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