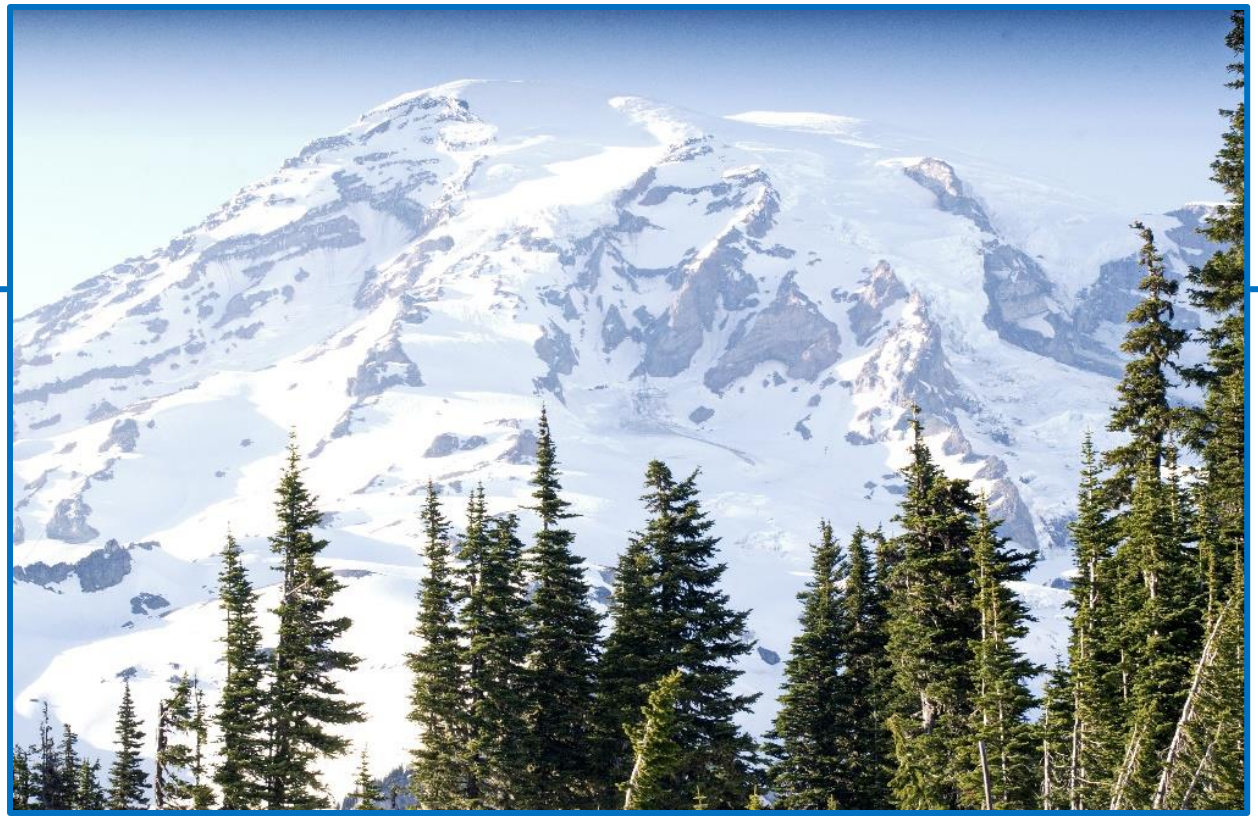

Washington State Diabetes Prevention Program Action Plan:

Increasing Coverage and Access by June 2018

Summary Document

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Background

The National Diabetes Prevention Program (National DPP) was launched in 2010 by the Centers for Disease Control and Prevention (CDC).

- Prior to 2010, Washington State's Diabetes Network Leadership Team guided efforts to prepare community-based organizations in our state to be poised to offer this evidence-based program.
- 2010-2016, CDC has invested in funding for states to build momentum for a national movement to prevent type 2 diabetes based on sound scientific evidence.
- June 21-22, 2016, with support from the CDC, the National Association of Chronic Disease Directors (NACDD) collaborated with the Washington Department of Health on a State Engagement Meeting – Working Together to Prevent Diabetes in Washington State.*

This meeting brought together a diverse group of stakeholders representing organizations from across the state, including the Diabetes Network Leadership Team. Meeting attendees were selected from organizations recognized for their contribution to existing diabetes prevention efforts, as well as new stakeholders key to bringing the DPP to all eligible Washington residents. The meeting was divided into three parts. In the first part, attendees were updated on national efforts to scale and sustain the National DPP, and Washington's successful evidence-based diabetes prevention efforts were prominently showcased. Speakers presented research and information that highlights benefits to our state's economic health as well as population health. The second and third portions of the meeting provided a subset of Washington partners an opportunity to provide input into the development of a stakeholder-driven action plan. This plan will inform the second report due to the Washington State Legislature in June 2017 on Diabetes in Washington, known as the Diabetes Epidemic and Action Report (DEAR).

CDC identifies four pillars that are essential for scaling and sustaining the National Diabetes Prevention Program. In Washington, the State Engagement Meeting and the development of this plan focuses on ***providing coverage and payment for the National Diabetes Prevention Program to all eligible populations to prevent type 2 diabetes in Washington. This has been identified as the main gap to scaling and sustaining the DPP in Washington State.*** The other three pillars, around which complementary work is also expected to occur during this timeframe, are:

- Increasing awareness of prediabetes;
- Increasing clinical screening, testing, and referral to CDC-recognized lifestyle change programs under the National DPP; and
- Increasing the availability of and enrollment in CDC-recognized lifestyle change programs.

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The WA DPP Action Plan: Increasing Coverage and Access by June 2018

The Diabetes Network Leadership Team recognizes that time is now to achieve a collective impact in Washington. ***Together, we can make a substantial, measurable difference in preventing the onset of type 2 diabetes.***

Participation in a registered National Diabetes Prevention Program** in Washington State increased from 258 people as of March 2014 to 5357 people as of July 2016 (cumulative). For the first two years that this information was tracked, participation increased by approximately 800 participants per year. One goal for this plan, and the actions proposed here, is to show an increase of 1,600 participants between July 2016 and July 2018.

Increase enrollment in CDC-recognized lifestyle change programs by 1,600 Washington State residents between July 2016 and June 2018.

How the plan is organized

The overarching action plan consists of four specific parts – one for each population by health care coverage: **Medicare, Medicaid, Employer-Based Insurance and Uninsured/Underinsured.** Each section has a frame, based on the current status of DPP coverage for this population, a long-term priority, one or more short-term priorities, and if available, a baseline and target.

Funding for this conference was made possible by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

*** The Diabetes Prevention Recognition Program (DPRP) maintains a national registry of recognized diabetes prevention programs with contact information for all CDC-recognized organizations that deliver evidence-based type 2 diabetes prevention programs in communities across the United States. All of these programs have agreed to use a CDC-approved curriculum that meets the duration, intensity, and reporting requirements described in the DPRP Standards.*

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Medicare

Frame: With coverage coming, what do we need to do to be ready?

Long term Priority: As of July 2016, Medicare does not cover DPP. In January 2018, coverage is expected to begin. Long-term, increase availability of DPP to Medicare enrollees and sustainability of DPP programs that serve Medicare enrollees.

Short term Priority 1: By June 2018, increase by 10 the number of counties/tribes with DPPs that are billing Medicare.
Short term Priority 2: Between January 1 and June 30 2018, at least 100 Medicare beneficiaries will enroll in a DPP program able to bill Medicare.
Short term Priority 3: Of Medicare beneficiaries enrolled between January 1 and February 28, 2018, 75% will have attended at least 9 sessions by June 30, 2016.
Baseline: 0 Medicare beneficiaries Target: 100 Medicare beneficiaries Actual:

	Start date	**End Date** (1-2 years)	**Key actions to achieve priorities** (high level actions; not each step in the process)	**Metrics for measuring success of key actions**	**Resources available/needed**	**Lead organization (bold)** Collaborating organizations	**Progress Notes**
1	*7/16/2016 (start of comment period)*	*6/30/2018*	Rule making process • Make key stakeholders aware of comment period • Follow, read, comprehend and disseminate final rule for DPP coverage and billing	• Implemented communication plan • Final rules reviewed at DNLT meeting	• Policy/rule expert on billing coding	**WA DOH** DNLT Diabetes Advocacy Alliance	*7/16/2016 – posted about public comment period on the Diabetes Connection* *Host webinar on proposed Medicare rules prior to end of comment period* ***(9/6/2016)*** *Write Communication plan and have it approved by group of collaborating organizations (TBD)* *Identify which organization will provide or acquire billing/coding expertise* ***(10/15/2016)*** *Identify how DPP programs will access expertise of billing/coding expert* ***(11/15/2016)*** *Share information on final Medicare rule with DNLT*

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							*and DPP providers wishing to bill Medicare at the next available opportunity (TBD) When final rule is released, Follow, read, comprehend and disseminate final rule for DPP coverage and billing. Continue through **6/30/2018.***
2	*8/31/2016*	*6/30/2018*	Maintain a list of organizations that offer DPP programs using the following data sources: • WHIN 211 • 1422 Community Lead Organizations • NW Portland Area Indian Health Board • Diabetes Prevention Recognition Programs	• List updated quarterly	• **Needed:** Workgroup to determine content and use of list	**WA DOH**	*Work with DOH Epi/Eval staff to set parameters for list and create initial list **(8/31/2016)** Have list approved by group of collaborating organizations **(10/15/2016)** Test using list for communications **(11/15/2016)** Maintain list (ongoing)*
3	*11/15/2016*	*2/15/2017*	Assess the needs and barriers of the above identified organizations to be able to bill Medicare for DPP programs	• Assessment Results and Recommendations	• **Needed:** Engage with State Universities Public Health programs to gain engage and recruit students in this work	**Qualis Health** DSHS/ALTSA/HCS WA DOH Idaho DOH 1422 CLOs WSU Extension	*Need list first **(11/15/2016)** Engage State Universities with Public Health Programs to recruit students for this work **(8/31/2016)** Work with group of collaborating organizations to determine assessment **(11/15/2016)** Analyze assessment results and provide recommendations **(1/15/2017)***

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4	*2/15/2017*	*3/30/2017*	Develop and implement a plan to address the needs identified in the assessment above	• Implementation plan created • Plan is used to assist programs in their ability to bill to Medicare	• **Needed**: Workgroup to look over plan • TBD	**WA DOH** 1422 CLOs WSU Extension	*Based on assessment results and recommendations, develop implementation plan* ***(2/15/2017)*** *Group of collaborating organizations reviews and finalizes plan* ***(3/1/2017)*** *Implement plan* ***(3/30/2017)***
5	*9/30/2016*	*11/30/2016*	Develop a data collection system to identify Medicare covered patients who are participating and are billing for a DPP program	• A data collection system is in place, and any reports available are shared with appropriate entities	• **Needed:** Qualis staff time	**Qualis Health** DSHS/ALTSA/HCS WA DOH	*Gather information on how similar benefits are documented (such as DSME)* ***(9/30/2016)*** *Identify plan for data collection system* ***(11/30/2016)*** *Implement data collection system*
6	*(11/30/2016)*	*6/30/2018*	Fund 1 or 2 case studies of existing DPP programs to test and evaluate the process of billing to Medicare	• Completed case study report	**Needed:** • Identify criteria for which programs will be chosen to study, the emphasis should be on community based organizations • Funding source • Assessment results (to create criteria) • Organizations willing to	**WA DOH** NACDD Qualis 1422 CLOs	*Identify which organization will be responsible for case study, and whether to engage student(s) in process.* ***(11/30/2016)*** *Determine process to identify organizations that will test and evaluate process of billing Medicare to be followed for case study.* ***(2/1/2017)*** *Select 1 or 2 organizations that will test and evaluate process of billing Medicare to be followed for case study.* ***(5/1/2017)***

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					participate in case study • Availability of billing and coding consultant		*Provide technical assistance and support to organizations that will test and evaluate process of billing Medicare to be followed for case study.* ***(6/1/2017-6/30/2018)***
7	*9/30/2016*	*6/30/2018*	DOH, DSHS/ALTSA and Qualis will have a series of conversations about internal collaboration surrounding DPP programs accessing Medicare as a funding stream	• Identifying lead and roles for organizations		**WA DOH DSHS/ALTSA Qualis**	*DNLT will identify how this work fits in with DNLT structure.* ***(9/30/2016)*** *Reach out to additional stakeholders (see below)* ***(9/30/2016)*** *Group of collaborating organizations begin meeting* ***(TBD)*** *Regular meetings continue* ***(TBD-June 2018)***

Barriers
None identified

Who is missing/Additional stakeholders?

- AARP
- Area Agencies on Aging
- Region 10
- SHIBA
- Veterans Administration
- Health Care Authority
- Department Corrections
- Senior Housing
- Housing for people with disabilities
- Prevention Alliance

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Bike rack

- How do we best message this plan to partners to get buy in?
  - Explanation of how we arrived at the priority that we did
  - How we landed on the action steps that we did and understanding that there are other action steps that are needed
  - Potential webinar (or two) to present plan
- Convening/thinking outside the state line
  - Regional meetings to collaborate
- Assessment should include cultural considerations and patient barriers to access
- Department of Corrections ability to bill Medicare
- Clarification: Medicare Part B is the outpatient portion and Medicare Part C is managed care portion
- Engagement and relationship building with all payers is needed
- Overarching:
  - Engage, educate and train healthcare providers to promote referrals
  - Market program to public
  - How will we reach Medicare or Medicaid disabled population including caregivers?

Employer Based Insurance – Public and Private

Frame: What will it take to get coverage for all employees?

Long term Priority: Increase coverage of DPP among Private and Public payers

Short term Priority 1: By June 2018, increase by 5 the number of self-insured employers that offer the National DPP as a benefit for all eligible covered lives by June 2018.

Baseline: TBD **Target:** Baseline + 5 **Actual:**

	Start date	**End Date** (1-2 years)	**Key actions to achieve priorities** (high level actions; not each step in the process. Start sentence with a VERB)	**Metrics for measuring success of key actions**	**Resources available/needed**	**Lead organization (bold)** Collaborating organizations	**Progress Notes**
1	*8/3/2016*	*2/28/2017*	Leavitt Partners and the WA State Dept. of Health	• Of (approximately) 7,000 employers in	**Needed:** List of self-insured employers.	**Leavitt Partners** HCA	8/3/2016 - Met with Leavitt Partners and

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			will identify the self-insured employers in WA State through quantitative methodologies by September 2016. • Incorporate activity into revised year 4 1305 budget • Leavitt Partners and NACDD to assist in proposal creation	WA ____ offer the NDPP as a benefit by July 31, 2016 as a baseline • Identify the # that offer DPP • Investigate ability to submit revised 1305 budget to CDC by Aug 1, 2016 with assistance from Leavitt Partners	Possible sources: L&I, OIC, Leavitt Partners	WA DOH	NACDD 7/20/2016 – investigated ability to revise 1305 Budget. No additional funds available at this time to work with Leavitt Partners outside of NACDD-contracted work.
2	8/30/2016	9/30/2016	DNLT to develop method to prioritize top 25 self-insured employers for outreach • Work with Leavitt Partners to provide DNLT with primary intelligence outreach methods • Begin conversation in July DNLT meeting and finalize by Sept 20.	• By August 30, 2016 obtain input from DNLT members for strategic filter options ○ By August 30, 2016 compile a map of CDC recognized LCPs and their locations ○ By Sept 15, 2016 Strategy filters identified • By Sept 30, 2016, filter self-insured list by the # of covered lives, who their employer is, and who their TPA is, and what their	**Needed:** • List of self-insured employers • Map of Diabetes Prevention Program locations in state.	**DNLT** (Aaron and Susan) Leavitt Partners WSU Extension QFC Pharmacy Inland Health Kitsap Public Health District WSU college of Pharmacy	7/18/2016 – DNLT meeting to discuss this plan 8/3/2016 - Met with Leavitt Partners and NACDD

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				location is relative to available programs.			
3	9/15/2016	10/15/2016	Develop coordination strategy • Who contacts whom • Timeline for Outreach • Who can help with outreach • Final plan Jan. 2017	• By October 15, 2016 outreach messengers will be identified and categorized by strategic fit.	**Needed:** • Volunteer messengers. • Filtered list of employers. • Map of available programs.	**HCA** (L) **YMCA** (L) WSU Extension (C) DNLT	
4	10/15/2013	1/1/2017	Develop communication/ messaging plan in coordination w/#3 by Jan. 2017 • Involve WA State Dept. of Health team • Tailor message by segmented audiences	• By November 1, 2016 draft messaging plan created and shared w/DNLT • Final plan developed by January 1, 2017	• CDC Cost calculators • EPI. Data from WA State • Resources for messaging and outreach materials	**YMCA** (L) Leavitt Partners WSU extension HPMC Inland Health QFC Pharmacy Kitsap Health District WSU college of Pharmacy	Need to make certain this work aligns with employer/plan decisions about benefits for next calendar year.
5	1/1/2017	1/1/2018	Implement communication/ messaging plan	• Tracking of number of employers/ organizations reached and outcomes	**Needed:** • Volunteer messengers	**YMCA** (L) Organizations that work with employers engaged (i.e. Association of Washington Cities, Washington Health Alliance, Unions, Chambers	

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						of Commerce, service organizations that work with entrepreneurs)	
6	July 1, 2016	June 2018	Perform outreach w/Leavitt Partner to conduct 5 primary intelligence interviews from among the top 25 employers • Incorporate TPA into Interview	• By November 15, 2016, 5 interviews completed with Leavitt Partners assistance	• Leavitt Partners materials to outreach to employers/payers	**Leavitt Partners** YMCA	

Barriers:	**How to overcome barriers:**
1. Staffing Needs 2. Ensuring program is available and accessible to all populations 3. Lack of interest by employers 4. Disparate operating models	1. Pull in more members into working teams 2. Increase availability of programs to cover various groups/populations 3. Engage state health officer 4. Understand and leverage differences

Who is missing/Additional stakeholders?

- Chamber of Commerce
- Coalition of Business and Health
- Association of WA Cities
- Health Care Financial Management Association (HCFMA)
- American College of Health Care Executives (ACHEC)
- HR Managers and DPS Health (Neil Kaufman)
- CMO's of large employers
- Unions- WA State Labor Union Council

Bike Rack

- Provide employees educational/marketing materials that summarize benefits of DPP and local and national trends of other public/private insurance

coverage plans on DPP
    - DPP coach/providers may not have the training to speak the employer/insurer language
    - Employers want to see models out there and help them formulate their plans
    - Conversations need to be ongoing and now – employers maybe making benefit packages change 2 years down the road
- Train more DPP providers in Eastern WA to teach the program
    - Increase by 25% the number of lifestyle coaches in Eastern WA
- Identify all organizations capable of offering the National DPP
- Engage more wellness coordinators in offering the National DPP in state agencies
- Create more community-based programs for employees to participate in
- Increase number of self-insured employers who are aware of DPP
- Develop web-based program to make DPP more available and cost effective
- Establish a DPP within a 60-mile radius of major communities in Eastern WA
    - Example: Wenatchee, (Chelan Omak), Tonasket Winthrop Moses lake -done

Resources

- Dept. of Labor and Industries
- WA State Institute for Public Policy

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Medicaid

Frame: What will it take to get coverage and access for all enrollees?

Long term Priority: Increase coverage of DPP among Apple Health (Medicaid) payers

Short term Priority 1: By July 2018, HCA in collaboration with the MCOs will implement a demonstration of coverage for the CDC-recognized lifestyle change program for eligible Medicaid beneficiaries. *(Examples of subpopulations: Dual eligibles, geographic location, highest risk patients with prediabetes)*

Baseline: **Target:** **Actual:**

	Start date	**End Date** (1-2 years)	**Key actions to achieve priorities** (high level actions; not each step in the process)	**Metrics for measuring success of key actions**	**Resources available/needed**	**Lead organization (bold)** Collaborating organizations	**Progress Notes**
1	Educate and promote the DPP to organizations by:						
1a	8/15/16	9/15/16	Write a letter from DNLT to Healthier WA Executive Leadership Team supporting the DPP as a choice under the 1115 waiver	• Letter created • # ACHs that select the DPP as a project choice under the 1115 waiver	**Available:** • Connection to Healthier WA Executive Leadership Team	**DNLT Chair** DOH HDSDP (review) DOH Health Officer (review)	**In early August, it was announced that decisions regarding 1115 waiver have already been made, this is no longer possible**
1b	8/15/16	10/01/16	Write letter for target audiences: MCOs, funders, provider systems, professional organizations, legislature, AAAs	• Letter created • # times letter is distributed & to whom	**Available:** • DNLT Members **Needed:** • Dissemination tracking system	**DNLT Chair** DOH HDSDP (review) DNLT members (distribution)	
1c	10/01/2016	6/30/17	Educate ACHs about the DPP	• # ACHs that select the DPP as a project choice under the 1115 waiver • # presentations • # of times the DPP is a meeting topic on an agenda	**Available:** • Academic Detailing Model • WSU Success Story Pamphlet • Connection to Healthier WA team through	**DOH HDSDP** Other state agencies (HCA and ALTSA/DHSH) DNLT	

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					DEAR • Doihaveprediabetes.org • Prevent Diabetes STAT Toolkit • 1422 (funding) • 1115 Waiver (funding)		
1d	8/15/16	10/31/16	Develop a one-page fact sheet to promote and educate target audiences about the DPP. Fact sheet to include: • Clinical evidence • Economic benefits • High need areas • WA resources (DPP)	• Fact sheet created • # times the factsheet is distributed & to whom • Resources for implementation • Federal mandates & funding	**Available:** • WSIPP report • CDC DPP recognition and evidence/outcomes • WA DOH DM burden reports/maps and where DPP is located in WA • Link the DPP evidence to obesity prevention/ control • 211 • DEAR report • USPSTF links • Medicare actuary certification letter • Alignment with	**DOH HDSDP** DNLT	

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					WA move to value-based payment		
1e	8/15/16	9/15/16	Identify routes of communicating with MCOs	• MCO representation on DNLT • # of communication routes identified	**Available:** • Partnerships with HCA, DOH, DNLT, etc.	**DOH HDSDP** DSHS – Dawn Williams HCA	
2	DOH will examine funding opportunities with HCA:						
2a	8/15/16	10/31/16	1115 waiver dollars	• # of available funding mechanisms identified		**HCA** DOH	
2b	8/15/16	6/30/17	State general funds/legislative dollars/state pool (as identified by the uninsured/underinsured work group)			**DOH** HCA DSHS/ALSTA – Dawn Williams	
2c	8/15/16	6/30/17	Grants, public/private partnerships			**DNLT**	
2d	8/15/16	6/30/17	Other federal funding (CDC, CMS, etc)			**DOH** HCA DSHS/ALTSA – Dawn Williams	
2e	8/15/16	6/30/17	Research or create "use cases" that support implementation through different funding opportunities	• # use cases identified/created • # partners who received use cases • # DOH use case website hits • # partner websites posting use cases	**Needed:** • Existing research examples to develop use cases	**DOH** DNLT	
2f	8/15/16	6/30/17	Determine what MCOs	• Types of MCO	**Available:**	**DEAR Team**	

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			are already doing in regard to prediabetes and obesity management	prediabetes and obesity management identified	• DEAR 1 Report **Needed:** • MCO direct connection/partner		
3	Determine parameters of the demonstration projects (regions, desired outcomes, etc): *(These action items are reliant on what happens with the 1115 waiver. This section will be updated with help of HCA and DNLT appx in Fall 2016)*						
3a	TBD	1/2018	If an RFP needs to be released, determine eligible applicants and include open/public comment period	TBD	TBD	TBD	
3b			Determine appropriate patient population and eligibility criteria for target population	TBD	TBD	TBD	
3c			Determine appropriate pathways to address health disparities	TBD	TBD	TBD	
3d			Determine appropriate pathways to support areas with limited access to DPP program delivery	TBD	TBD	TBD	
3e			Determine demonstration metrics/measures and program outcomes, determine how this demonstration can support WA work on	TBD	TBD	TBD	

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			value based payment reform, and determine reporting mechanism and method for dissemination of findings				
3f			If needed, adjust MCO contracts	TBD	TBD	TBD	
3g			Determine mechanism for distribution of funding	TBD	TBD	TBD	
4	Implement the demonstration project(s): *(These action items are reliant on what happens with the 1115 waiver. This section will be updated with help of HCA and DNLT appx in Fall 2016)*						
	TBD	06/30/18		TBD	TBD	TBD	

Barriers

- Lack of communication between state, MCOs, private organizations in regards to *how* they do their business pertaining to paying for evidence-based programs
- Currently no incentive (no HEDIS, STARS measures) for MCOs to offer DPP; prediabetes measure is not a part of the 52 WA state core measures
- Churn of Medicaid enrollees and impact on ROI
- Ability to communicate with ACHs in a timely manner
- ACH hierarchy and decision making processes

Who is missing/Additional stakeholders?

- HCA, MCOs, ACHs
- Healthier WA

Bike rack

- Conversations:
  - Managed care dollars should follow life of patient
  - Health plans need to look at members every month. ACH needs to work a bit harder to manage budget
  - ACH Representation is missing in this conversation. Nervous to set up a 1-2 year priority without an ACH in the room. Benton-Franklin rep sits on ACH board, and feels this isn't outside the realm of possibilities because prevention (diabetes specifically) is a priority.
- Issues for concern:

  - Member churn
  - Inability for MCOs to share data
  - Quick ROI for legislature
  - Access concerns (in rural areas)
- Leverage community based programs
- Run through ACHs and leverage $$
- Flow $$ through MCOs to community based organizations.
- HCA/DOH/DSHS publish what MCO's do to prevent diabetes. Create a "competitive" arena. Create a published document, or ask them to come to a conference/meeting where each organization presents on what they're doing to prevent diabetes in a panel style forum
- Common measure set of Core Measures that is continually being revisited. Group is focused on nationally vetted measures for what data exists (currently, via claims). Currently no nationally vetted measures for prediabetes
- Link to value based payment
- Value added services for MCOs
- Link obesity to DPP in communication/education to partners
- Use DEAR 2 to present the comparison of MCOs' commitment to diabetes prevention

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Uninsured/Underinsured

Frame: What will it take to get coverage for all eligible adults who do not have adequate insurance coverage?

Long term Priority: Make the DPP available to populations at the highest risk of developing type 2 diabetes who are unable to access the program through health insurance.

Short term Priority 1: Between July 2016 and June 2018, enroll ____ uninsured/underinsured people with prediabetes from priority populations into the National Diabetes Prevention Program.

Baseline: **0** **Target:** **TBD** **Actual:**

	Start date	**End Date** (1-2 years)	**Key actions to achieve priorities** (high level actions; not each step in the process. Start sentence with a VERB)	**Metrics for measuring success of key actions**	**Resources available/needed**	**Lead organization (bold)** Collaborating organizations	**Progress Notes**
1	*9/01/2016*	*1/30/2017*	Identify list of organizations able to offer the DPP to uninsured/ underinsured populations in Washington • Needs Assessment • ID eligible population by working with organizations that serve the priority populations such as: FQHCs, Churches/faith based organizations, Department of Corrections, Housing authority, food banks, homeless shelters. • Cultural appropriateness • Location and	• Patient Level data • DPP requirements • Assessment of existing orgs completed • # of FQHCs to look through patient panels	**Available:** • DPP Curriculum • WIN211 • Communication materials (Sea Mar video, YMCA video, DOH communication tools) • ICHS- resources/ videos communication materials • Ad council videos • Access to radio communication (DOH, Sea Mar-	**Center for Multi-Cultural health** Healthy Living Collaborative WSU WA DOH Empire health foundation? Sea Mar CHC Benton Franklin health district	

			availability of programs in the priority populations and communities.		Tuesday 9-10) • Participant needs assessment **Needed:** • List of in-person assister organizations from Health Benefits Exchange		
2	*9/01/2016*	*1/30/2018*	Create and implement a delivery system customized to the priority population, that ensures successful completion of the NDPP	• # of CHWs that are trained	**Needed:** • DPP Curriculum appendices tailored to priority populations – addressing their specific needs. • Trained CHWs from priority populations • Partnership tool kit • Marketing plan • Free passes for patients (transportation) • Coordinator for accountability • Spokesperson		

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3	*9/01/2016*	*1/30/2017*	Develop a mechanism by which funds are collected and distributed to support coverage of the NDPP for un/underinsured people with prediabetes. • Research options • Present options to workgroup • Workgroup determines option to move forward • Workgroup participates in implementation of option	• Potential mechanisms are presented to workgroup • Evidence of decision identifying chosen option (meeting minutes) • Progress made toward implementation of funding mechanism	TBD	**WA DOH** Healthy Living Collaborative WSU Empire health foundation? WA FOH NE Portland area Indian health board	
4	*1/30/2017*	6/01/2018	Develop/create marketing/communications plans that are tailored to specific potential funders. • Develop case for corporate/business initiations. • Develop business case to approach various businesses. Include ROI/Promotion. • Develop tailored messaging for specific audiences: Stories from the group. Personal stories from people	• Marketing/ communications plans completed and approved by workgroup • Marketing/ communications plan implemented and tracked per plan's evaluation • By January 30, 2018, at least one new funding mechanism exists	• Existing resources if appropriate	**Healthy Living Collaborative** **Benton Franklin Health district** **WA DOH** Sea Mar CHC NW Portland area Indian health board Center for multi-cultural health? ADA WSU Empire Health Foundation	

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			who have gone through DPP • Assess existing resources that have already been created				
5	*9/01/2016*	6/01/2018	Develop an alliance of funders to fund the program for un/underinsured people with pre diabetes. • Alliance of funders such as: Employers, Community Benefit, Casinos, Individuals (paychecks, voter registration, taxes, driver's license/car registration and combined fund drive.)	By June 1, 2018, at least 4 new funding streams are contributing to fund DPP for uninsured/ underinsured populations in Washington	TBD	**Benton Franklin health district** WA DOH	

Barriers

- Perceptions of this population
- Recognition program- DRRP standards (lack of flexibility in the requirements)
- Inability to lose weight/physical barriers to losing weight
- Language barrier /cultural insensitivity
- Access to healthy food
- Safe place to be active (i.e. sidewalks are not broken)
- Health literacy
- Lack of family, community support
- Competing priorities

Who is missing/Additional stakeholders?

- United Way

• Unions • Attorneys (for legal services) • CHWs • Community leaders • Un/under insured representatives • Pharmaceutical companies • Hospitals associations • Foundations/Washington-based • Local HRSA representative
Bike rack • Transportation • Child Care • Large undocumented population • Need additional funding • Access • LCP costs will be higher for this population to overcome multiple barriers • Large homeless population • Cost of the class- what is the cost of the class? • WACMHC