

TOOLKIT FOR SUCCESS

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TOOLKIT FOR SUCCESS

Objectives

By the end of this webinar you will know:

- Who should use the toolkit
- What resources are available for new and existing DPP sites.
- What the expectations are for becoming a DPP site
- How to access to the available resources



TOOLKIT FOR SUCCESS



Who should use the toolkit?

- ODHDSP Regional Coordinators

- Organizations interested in becoming a DPP site

- Current Lifestyle Coaches
 - Recruit physicians to refer participants to DPPs
 - Recruit Worksites to offer DPP to its employees
 - Marketing



TOOLKIT FOR SUCCESS



CONTENTS

- North Carolina Readiness Assessment (revised)
- Lifestyle Coach Commitment Assessment Form
- ROI Fact Sheet
- Data Management
- Physician Referral Form
- NC Diabetes Prevention Program One-Pager
- CDC Prediabetes Screening Tool
- Participant Consent/Release of Information Form



TOOLKIT FOR SUCCESS

DPP Readiness Assessment Tool

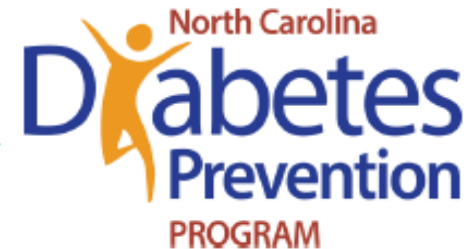
Diabetes Prevention Program Readiness Assessment

*For organizations considering an application to Centers for Disease Control and Prevention
Diabetes Prevention Recognition Program*

The Diabetes Prevention Program (DPP) is a one year intervention designed to help people with prediabetes avoid developing type 2 diabetes. The program is designed to assist participants achieve two primary goals:

1. Reduce and maintain individual weight loss by 5-7%.
2. Participate in regular physical activity (up to 150 minutes/ week)

Use this form to assess your organization's readiness to apply to the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) and offer a CDC recognized DPP in your organization.



Steps of the Assessment:

1. Assemble key staff, leadership, and community stakeholders.
2. For each statement below, read carefully and check the box if the statement is true of your organization's situation *at this time*.
3. Using the instructions at the bottom of the sheet, total your score.
4. Identify areas for improvement or capacity-building in order to increase readiness.
5. Once your organization scores a 25 or higher, you may access the National Diabetes Prevention Program website to begin the application process (<http://www.cdc.gov/diabetes/prevention/recognition/application.htm>). A completed CDC recognized lifestyle change program readiness assessment is highly recommended prior to the applying for "pending" CDC DPRP recognition.

Scoring the Assessment:

Level 3 [24 to 30 boxes]: Your organization has demonstrated most of the preparation needed to run a CDC recognized DPP. Your program stands a good chance of success! Please visit https://nccd.cdc.gov/DDT_DPRP/ApplicationForm.aspx to begin your CDC DPRP application.

Level 2 [18 to 23 boxes]: Your organization is on its way, but has some gaps in preparation before a CDC recognized DPP could be successful. Consider the items in the checklist that you did not check, set goals for how to achieve them, and plan to re-assess readiness after changes have been implemented.

Level 1 [17 or fewer boxes]: Your organization has significant work to do before beginning a CDC recognized DPP, and is likely not ready to apply to CDC DPRP at this time. Use the checklist to set goals and next steps for preparation.


*If you have two or more boxes unchecked in any of the eight categories, focus on improving those areas before applying to the CDC Diabetes Prevention Recognition Program. **NOTE: CDC DPRP application MUST be completed prior to beginning Lifestyle Coach Training.***

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DPP Readiness Assessment Tool

Assessment: Is Our Organization Ready to Offer A CDC Recognized DPP?

For each item below, check the box next to a statement if it is true of your organization at this time.

Category	Statements	Notes
A. Leadership and Goals	<input type="checkbox"/> 1. Our organization agrees to comply with each of the CDC DPRP Standards and Operating Procedures. <input type="checkbox"/> 2. Our organization's leadership support submission of the application for CDC DPRP recognition. <input type="checkbox"/> 3. Other key leaders at the health department are supportive of and involved in the DPP. <input type="checkbox"/> 4. We have defined our goals and what success means to us.	<i>Leadership support is crucial for DPP success. Consider who in the management team could be an asset or a barrier, and how you might improve these relationships, engage management in the development process, and address potential concerns of leaders. What do you consider success? It may be financial stability, serving all of the uninsured, improving specific health outcomes in the community or achieving patient satisfaction.</i>
B. Staff	<input type="checkbox"/> 5. We have identified a sufficient number of interested staff or community members who are qualified to facilitate a CDC recognized lifestyle change program (DPP). <input type="checkbox"/> 6. We have the necessary administrative staff for a DPP. <input type="checkbox"/> 7. We have a plan for training staff to collect and submit the required DPRP Evaluation Data Elements in the required format to the CDC DPRP every 12 months?	<i>Although the DPP instructional staff must hold appropriate credentials and receive continuing education. Remember that it is easy to underestimate the administrative support needed. Consider whether existing staff can take on these additional tasks. Could the health department hire more staff if needed?</i>
 C. Finances	<input type="checkbox"/> 8. We have projected expenses for running a DPP, including administration, staff, rent/utilities, office supplies, program supplies, training, and travel. <input type="checkbox"/> 9. We have a plan to sustain DPP without federal, state or local government grant funds long term. <input type="checkbox"/> 10. We have researched sources of revenue, including health department funds, outside grants, and in-kind donations. <input type="checkbox"/> 11. Based on our projections, we anticipate that revenue will equal or exceed expenses.	<i>Funding is often the biggest challenge in running a lifestyle change program because at this point the Diabetes Prevention Program is not massively reimbursable through Medicaid, Medicare or Private Insurance. Consider how long it may be before the program is self-sustaining, as well as length of grants and possibilities for other funding. What will happen if you have a budget shortfall? Approach existing CDC Recognized DPPs for estimates of expenses and ideas for funding.</i>
D. Referrals and Recruitment	<input type="checkbox"/> 12. Our organization currently receives referrals from local providers for weight management and healthy lifestyle education. <input type="checkbox"/> 13. Our organization currently provides weight management and/or healthy lifestyle support programs. <input type="checkbox"/> 14. We have contacted local health care providers to discuss the possibility of referring patients to participate in DPP. <input type="checkbox"/> 15. We have a marketing/recruitment plan to attract participants to our DPP.	<i>Health care providers must be willing to refer patients to your DPP in order to maintain patient load and insurance reimbursement. Talk with physicians directly to understand what it would take for them to refer patients to your CDC recognized DPP.</i>

TOOLKIT FOR SUCCESS

DPP Readiness Assessment Tool

<p>E. Understanding the community and its needs</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 16. Our organization has access to a large number of individuals at high risk for type 2 diabetes. <input type="checkbox"/> 17. We have considered and described specific needs or considerations for serving our target audience <input type="checkbox"/> 18. We have knowledge of all existing local lifestyle change programs, and can demonstrate a need for additional lifestyle change programs in this community 	<p><i>Consider which segments of your community are most affected unhealthy lifestyles, as well as where the greatest potential for impact lies. What needs are not being met for lifestyle change in your community? What will you do differently to meet these needs? How will you address patient barriers such as limited time and/or transportation?</i></p>
<p>F. Engagement with target audience</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 19. Our organization has active channels of communication with our target audience, including solicitation of how to serve their needs <input type="checkbox"/> 20. Our organization has active and positive relationships with our target audience 	<p><i>Take the time—before applying to DPRP—to understand the needs of and potential barriers for these individuals, particularly why they are not receiving lifestyle change programs now. Focus groups and community organizations can be great resources.</i></p>
<p>G. External Partnerships</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 21. Our organization has strong relationships with one or more health-focused organizations in our community <input type="checkbox"/> 22. Our organization has strong relationships with one or more healthcare providers in our community <input type="checkbox"/> 23. Our organization has strong relationships with other relevant partners such as local government, media outlets, or cooperative extension <input type="checkbox"/> 24. Our organization has strong relationships with community support services to which we may need to refer DPP participants 	<p><i>Partnerships are crucial for sustainability and providing complete care. Consider what you would do if a participant needed other support services, such as financial or mental. If your relationships with these other organizations are not strong and positive, reach out to them to build awareness and teamwork in serving your community. Note: “strong relationships” may include collaboration on projects or events; frequent or formal patient referral; and/or contracts and memorandums of understanding between the organizations.</i></p>
<p>H. Implementation and Sustainability</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 25. We will apply for CDC DPRP prior to Lifestyle Coach training and implement DPP within 3 months of Lifestyle Coach Training (REQUIRED) <input type="checkbox"/> 26. Our identified program staff and administration have program implementation experience and/or expertise <input type="checkbox"/> 27. We have planned or identified a specific course of appointments and lifestyle change curriculum for program participants <input type="checkbox"/> 28. Our staff has plans for and knowledge of using electronic health records to record patient data <input type="checkbox"/> 29. We have a plan to collect aggregate data, including identifying who and how, for analysis of both behavioral and clinical outcomes <input type="checkbox"/> 30. We have considered how to review the program and perform continuous quality improvement 	<p><i>Who in your team has experience providing lifestyle change education, using data collection systems, collecting data, and performing quality improvement (QI)? Look for available resources to increase your capacity, through education, training, and additional staff.</i></p>

Count the number of boxes that you checked, and refer to page one for scoring.

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DPP Readiness Assessment Follow-up



Good Afternoon (insert organization or contact person's name),

We reviewed your Diabetes Prevention Program Readiness Assessment. The results are below.

FEEDBACK

Although you have an overall score of 25, you have two boxes unchecked in two very critical categories:

Section C. Finances

10. We have researched sources of revenue, including health department funds, outside grants, and in-kind donations.

11. Based on our projections, we anticipate that revenue will equal or exceed expenses.

Section D. Referrals and Recruitment

12. Our organization currently receives referrals from local providers for weight management and healthy lifestyle education.

14. We have contacted local health care providers to discuss the possibility of referring patients to participate in DPP.

On first page of the assessment there is a statement *"If you have two or more boxes unchecked in any of the eight categories, focus on improving those areas before applying to the CDC Diabetes Prevention Recognition Program."* After further review, we believe the unchecked boxes in Section D can be remedied by working with your local health department or a local physician's office to establish a referral system for your program. In Section C, it will be imperative to research sources of revenue, including health department funds, outside grants, and in-kind donations, in order to maintain a sustainable DPP.

DECISION

You are ready to move on to lifestyle coach training! I have included your Regional Coordinator, Allyson Smith, who is located in the Pitt County Health Department on this email. She will be your contact from this point forward. Please contact her with any questions regarding all things DPP. She will assist you with moving forward, and navigating the process of getting signed up for training and starting DPP.

Thank you and we look forward to coordinating with you in this work!



TOOLKIT FOR SUCCESS

Participant Agreement

- Must be signed prior to training



National Diabetes Prevention Program North Carolina Lifestyle Coach Training

Participant Agreement

Thank you for commitment to become a National Diabetes Prevention Program (NDPP) Lifestyle Coach! The North Carolina Diabetes Prevention Program (NCDPP) is grateful for your contribution to decreasing the burden of prediabetes in the state. Participating in the NCDPP-sponsored Lifestyle Coach (LSC) training means that you, your organization, and the NCDPP commit to the following (Please refer to the NDPP Lifestyle Training Information document for full description):

The NCDPP commits to providing:

- A free LSC training that typically costs a minimum of \$750 per participant
- Monthly technical assistance conference calls with NCDPP, other NDPP Lifestyle Coaches, and the Centers for Disease Control and Prevention (CDC)
- Support from NCDPP Diabetes Prevention Specialist, Sharon Davis to assist you as needed
- Access to the North Carolina Lifestyle Coach Network (NC LSC) network
- Access to NCDPP tools that will support program sustainability and efficiency
- Assistance with marketing and promotion for health care providers and consumers
- Access to a referral system that may help your organization refer individuals to the NDPP and other programs

Your organization commits to:

- Apply to the CDC's Diabetes Prevention Recognition Program (DPRP) before delivering the NDPP curriculum
- Maintaining adequate staffing to ensure that you can administer the NDPP and track and submit data as required by the DPRP
- Sustaining the program over subsequent years
- Starting a DPP course within 3 months of the Lifestyle Coach training
- Having at least one coach within your organization participate in the monthly Lifestyle Coach webinars/calls
- Keeping NCDPP informed of the status of your NDPP and Lifestyle Coaches (e.g. if they leave their position)
- Helping NCDPP expand the NDPP throughout the state by answering surveys or participating in conversations about NDPP implementation

By signing below, I acknowledge I have read the Lifestyle Coach Training Information sheet and agree to and understand the above ask agreement.

Signature

Date

Printed Name



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Data Management



- Apply for CDC's Diabetes Prevention Recognition Program (DPRP)
 - http://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html

- Wake Forest Data Management Subscription
 - New sites
 - 1422 Sites - Regional Coordinators
 - Non 1422 Sites – Diabetes Prevention Specialist

- DPRP Spreadsheet Template.csv



TOOLKIT FOR SUCCESS

Return On Investment (ROI) Fact Sheet

o Recruit business and employers

North Carolina Return on Investment Fact Sheet

Diabetes Prevention Programs (DPP) and Diabetes Self-Management Programs (DSME/T)

What Is It?

Prediabetes is when blood glucose levels are higher than normal but not high enough to diagnose diabetes.

Type 2 diabetes occurs when the body does not use insulin properly. This is called insulin resistance. At first, your pancreas makes extra insulin to make up for it. But, over time it is not able to keep up and cannot make enough insulin, causing your blood glucose levels to rise higher than normal.¹



North Carolina Challenges:

- Almost 57,000 new cases of diabetes were identified in North Carolina in 2012.³
- In 2014, diabetes was the primary cause for 2,685 deaths (over 3% of all deaths) and contributed to many more deaths in North Carolina.⁴
- In 2012, 73 of North Carolina's 100 counties had diagnosed diabetes prevalence of 11.2% or higher. This ranks these counties in the top 20 percent of the nation.³
- In North Carolina, 9.5 percent or 630,000 adults were estimated to have diagnosed prediabetes in 2013. Prediabetes rates were highest among non-Hispanic blacks (13.1%), compared to non-Hispanic whites (9.2%) in the state.³

Why Be Concerned?

The total medical cost and lost work and wages for people with diabetes in the United States is approximately \$245 billion. The medical costs for a person with diabetes are twice as high as those without the disease. The average cost of an employee in the United States with diabetes is approximately \$13,243 compared to that of an employee without diabetes at approximately \$2,560. Diabetes Prevention Programs (DPP) and Diabetes Self-Management Programs (DSME) can help with some of the cost of this disease. Participants in DPP learn ways prevent the onset of diabetes, while participants in DSME learn how to better control of blood glucose levels and manage their diabetes. Improved management of the disease can greatly decrease the number of visits to the emergency department as well as hospital stays, thereby lowering the cost of the disease.²

Diabetes Prevention Program Return on Investment:

Diabetes Prevention Program is a CDC-led diabetes program that brings evidence-based lifestyle change programs to local communities. The year-long program educates participants about diabetes and the ways to make lifestyle changes to prevent diabetes. The program helps participants make these changes through education on making healthy eating choices, increasing physical activity, managing stress, and solving problems. Through Diabetes Prevention Programs, participants are expected to learn how to make lifestyle changes to lower their Hemoglobin A1c levels and prevent type 2 diabetes. Lowering the participants A1c levels has been proven to have a cost savings of \$600-\$2,200 annually.⁶



Diabetes Self-Management Program Return on Investment:

Diabetes Self-Management Education/Training (DSME/T) Programs assist participants in achieving better blood glucose control by self-managing diabetes through knowledge, skill and their thinking regarding life choices. DSME/T is a crucial part of blood glucose control. Through DSME/T programs, the participants will learn the knowledge and skills they need to keep their diabetes under control. Through Diabetes Self-Management Programs, participants will learn ways in which to manage their diabetes through healthy behaviors and problem solving. An economic analysis conducted in 2000 reported that for every \$1 spent on DSME/T, there was a net savings of \$0.44 to \$8.76.⁷ A 2009 systematic review associated diabetes education (and disease management) with decreased costs, cost savings, cost effectiveness or positive return on investment.⁸ The same study also found that commercially insured members who use diabetes education cost, on average, 5.7 percent less than members who do not participate in diabetes education.



What Employers / Businesses Can Do:

- Provide prediabetes awareness education for employees. (Place prediabetes messaging about risks and symptoms on your internal worksite web page, bulletin boards, newsletters etc.) Helpful website: www.cdc.gov/diabetes/prevention
- Provide free prediabetes screenings for employees, and consider offering incentives to have this completed.
- For employees with prediabetes, offer incentives to enroll in a "CDC-Recognized Diabetes Prevention Program." Helpful website: nccd.cdc.gov/DDT_DPRP/Registry.aspx
- Consider having worksite staff become a lifestyle coach of a "CDC-Recognized Diabetes Prevention Program", or offer DPP classes at the worksite. Helpful website: nccd.cdc.gov/DDT_DPRP/Registry.aspx
- Assure that the company insurance plan includes covered benefits for attendance at a CDC-Recognized Diabetes Prevention Program.
- Provide employee support / programming for healthy living, and consider offering a comprehensive worksite wellness program.⁹

¹ American Diabetes Association Diabetes Basics – Type 2 (2016, February 4). Retrieved from

<http://www.diabetes.org/diabetes-basics/type-2/>

² Return on Investment of Diabetes Prevention Programs (DPP) and Diabetes Self-Management Programs (DSME/T). (2015, July). Retrieved from <https://dph.georgia.gov/sites/dph.georgia.gov/files/DPP-DSME%20ROI%20Factsheet%20July%202015%20Final.pdf>

³ http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html

⁴ <http://www.schs.state.nc.us/interactive/query/cd/lcd.cfm>

⁵ <http://www.schs.state.nc.us/data/bfss/2013/nc/all/prediab.html>

⁶ Diabetes America. (n.d.). Retrieved from www.diabetesamerica.com/employershealth-plans/

⁷ Klonoff DC, Schwartz DM. An economic analysis of interventions for diabetes. Diabetes Care. 2000 Mar;23(3):390-404.

<http://www.ncbi.nlm.nih.gov/pubmed/10868871>

⁸ Boren SA, et al. Costs and benefits associated with diabetes education: a review of the literature. Diabetes Educ. 2009 Jan Feb; 35(1):72-96. (<http://www.ncbi.nlm.nih.gov/pubmed/19244564>)

⁹ Prediabetes Cost / Return on Investment (ROI) Fact Sheet. (2013). Retrieved from


http://c.vmdcn.com/sites/www.chronicdisease.org/resource/resmgr/NDPP_KY_Final_KY_PREDIABETES_ROI_FA.pdf

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Marketing: DPP One-Pager (Front)



Diabetes can be prevented.



North Carolina
Diabetes
Prevention
PROGRAM

Medical expenses are more than 2 times higher for people with diabetes than for those without diabetes.¹

The North Carolina Diabetes Prevention Program can help.

The North Carolina Diabetes Prevention Program (DPP) is a:

- Recognized program by the Centers for Disease Control and Prevention (CDC).
- Lifestyle change program based on strategies proven to prevent or delay type 2 diabetes.
- 12-month program delivered in two six-month phases in a group setting.

To learn more about diabetes prevention and search available onsite programs, please visit:

diabetesfreenc.com

1. The Cost of Diabetes. AMERICAN DIABETES ASSOCIATION.
<http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html>

Participants will:

- Attend classes in-person at a location in your community.
- Be empowered to make healthy eating and physical activity choices.
- Connect with others working on the same goals.
- Learn strategies to achieve and maintain a healthy weight.
- Identify ways to manage stress.
- Receive personalized support outside of class from the instructor, a trained lifestyle coach.



See the program's
TIMELINE and
CLASS TITLES
on the back.



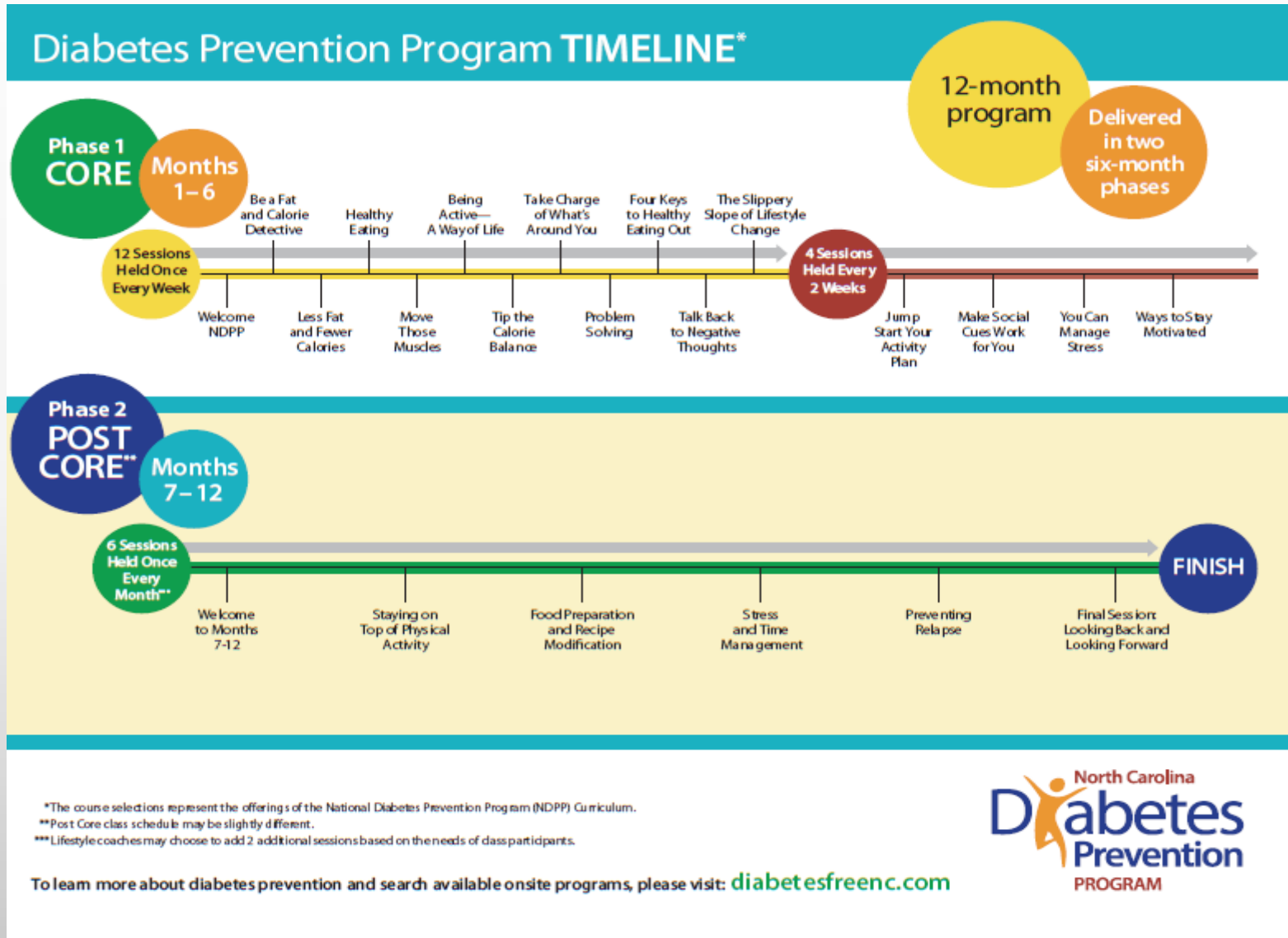
****NEW****

****BEAUTIFUL****



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Marketing: DPP One-Pager (Back)



*The course selections represent the offerings of the National Diabetes Prevention Program (NDPP) Curriculum.

**Post Core class schedule may be slightly different.

***Lifestyle coaches may choose to add 2 additional sessions based on the needs of class participants.

To learn more about diabetes prevention and search available onsite programs, please visit: diabetesfreenc.com

TOOLKIT FOR SUCCESS

Physician Referral Form



North Carolina Diabetes Prevention Program Physician Referral Form

Patient Information

Patient Name: _____

Date of Birth: _____ Phone: _____ E-mail: _____

English speaking? _____ Spanish speaking? _____ Other? _____

To qualify participants must:

- Be at least 18 years of age;
- Have a Body Mass Index of 25, or 22 (if Asian); and
- Have pre-diabetes as verified by blood test or GDM based on (check one or more)
 - Fasting blood glucose (range 100-125 mg/dl)
 - 2-hour glucose (range 140-199 mg/dl)
 - HbA1c (range 5.7-6.4)
 - Previous GDM (may be self-reported)

*****To be completed by health care provider*****

Body Mass Index

Height: _____ in Weight: _____ lbs. BMI: _____ kg/m (Must be ≤ 25 , or ≤ 22 if Asian)
Male: _____ Female: _____

Pre-Diabetes Information (check all that apply AND enter value):

_____ Fasting plasma glucose (FPG) _____ mg/dL (100-125 mg/dL) or
_____ 2-hour plasma glucose (OGTT) _____ mg/dL (140-199 mg/dL) or
_____ Hemoglobin A1C _____ % (5.7%-6.4%)

Participation Information (check one)

I DO / I DO NOT recommend that this patient participate in the [Organization/Program Name] Diabetes Prevention Program where he/she will set goals to achieve a 7% weight reduction through changes in nutrition and physical activity (up to 150 minutes per week – equivalent to brisk walking).

I DID obtain patient authorization to release this information to the [Organization/Program name] Diabetes Prevention Program (please complete second page).

AUTHORIZATION TO RELEASE HEALTH INFORMATION

Provider Name: _____ Practice Name: _____

Provider Signature: _____ Date: _____

Practice Contact: _____ Phone: _____ /Fax: _____



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Physician Referral Form



AUTHORIZATION TO RELEASE HEALTH INFORMATION

****To Be Completed by Patient****

I agree and request that the health information on the front of this form be released to the [Organization/Program Name] Diabetes Prevention Program for the purpose of referring me to the [Organization/Program Name] Diabetes Prevention Program. I have the right to revoke this authorization at any time by writing to the health care provider named on the [Organization/Program name] Diabetes Prevention Program Referral form, except to the extent that the action has already been taken based on this authorization.

I understand that signing this authorization is voluntary. I further understand that my treatment, payment, enrollment in a health plan, and or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand that information disclosed under this authorization might be re-disclosed by the recipient and this re-disclosure may no longer be protected by federal or state law.

Patient name (print): _____

Signature: _____

Date: _____

Thank you for your referral!

Please do not email this form.

Fax to [Organization/Program Fax Number] (HIPAA secure electronic fax line)

Questions? Please call [Organization/Program Contact Name] at [Phone Number]



TOOLKIT FOR SUCCESS

Prediabetes Screening Tool

CDC Prediabetes Screening Test



COULD YOU HAVE PREDIABETES?

Prediabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes. Diabetes is a serious disease that can cause heart attack, stroke, blindness, kidney failure, or loss of feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through effective lifestyle programs. Take the first step. Find out your risk for prediabetes.

TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

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

Are you a woman who has had a baby weighing more than 9 pounds at birth?

Do you have a sister or brother with diabetes?

Do you have a parent with diabetes?

Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?

Are you younger than 65 years of age and get little or no exercise in a typical day?

Are you between 45 and 64 years of age?

Are you 65 years of age or older?

Add your score and check the back of this page to see what it means.

AT-RISK WEIGHT CHART

Height	Weight Pounds	Height	Weight Pounds
4'10"	129	5'7"	172
4'11"	133	5'8"	177
5'0"	138	5'9"	182
5'1"	143	5'10"	188
5'2"	147	5'11"	193
5'3"	152	6'0"	199
5'4"	157	6'1"	204
5'5"	162	6'2"	210
5'6"	167	6'3"	216
		6'4"	221



TOOLKIT FOR SUCCESS

Prediabetes Screening Tool

IF YOUR SCORE IS 3 TO 8 POINTS

This means your risk is probably low for having prediabetes now. Keep your risk low. If you're overweight, lose weight. Be active most days, and don't use tobacco. Eat low-fat meals with fruits, vegetables, and whole-grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for type 2 diabetes.

IF YOUR SCORE IS 9 OR MORE POINTS

This means your risk is high for having prediabetes now. Please make an appointment with your health care provider soon.

HOW CAN I GET TESTED FOR PREDIABETES?

Individual or group health insurance: See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and copays may apply.

Medicaid: See your health care provider. If you don't have a provider, contact a state Medicaid office or contact your local health department.

Medicare: See your health care provider. Medicare will pay the cost of testing if the provider has a reason for testing. If you don't have a provider, contact your local health department.

No insurance: Contact your local health department for more information about where you could be tested or call your local health clinic.



TOOLKIT FOR SUCCESS

Participant Consent Form & Release of Information

About the (Insert Organization Name) Diabetes Prevention Program and the Centers for Disease Control and Prevention

What Should Participants Expect?

Please read this page before you decide if you would like to participate in this program.

The (Insert Organization Name) gathers information to measure how well they achieve their program goals.

The (Insert Organization Name) diabetes prevention program will support individuals with making changes in their weight, physical activity, and other self-care behaviors. You can help us by agreeing to let (Insert Organization Name) collect and review the information your lifestyle coach collects each week.

Procedures:

- Your weight, report of physical activity, and your record of what you eat will be collected for 16 weeks.
- Your weight data will be collected for as long as you are in the program, up to one year from your first day.
- The data (Insert Organization Name) collects will be kept in a secure database managed by Wake Forest School of Medicine.
- The data (Insert Organization Name) shares with the Centers for Disease Control and Prevention (CDC) from the program will NOT include your name or other information that could identify you, which means it cannot be linked back to you.

Risks and Benefits:

- There is little if no risk for participating in the (Insert Organization Name) program.
- The (Insert Organization Name) evaluation of this program will not directly benefit you.
- All results from the program will be shared in group form.
- Your participation will help improve the (Insert Organization Name) program so that it may continue to be offered in your community and in other communities.

Participation is Voluntary:

- Taking part in the (Insert Organization Name) program is completely voluntary.
- You are free to withdraw from this program at any time. If you decide not to participate in the (Insert Organization Name) program, it will not affect your current or future relationship with the (Insert Organization Name) or the CDC.

Participants, please keep a copy of this consent form for your records.



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Participant Consent Form & Release of Information

(Insert Organization Name) Diabetes Prevention Program

Participant Consent Form

I understand that this program is designed for people who are at high risk for type 2 diabetes.

The goals of this program are to prevent or delay type 2 diabetes by helping me:

1. Lose at least 7% of my starting weight through healthy eating.
2. Achieve and maintain an average of at least 150 minutes of brisk physical activity each week.

I agree to attend regularly, be weighed, and turn in my physical activity and food logs each week.

I understand that the recommendations provided in this program will not take the place of any advice provided by my doctor or other medical providers. Any specific advice from my personal doctors should take priority over advice given in this program. It is strongly recommended that you see your doctor before starting the program. I understand that this is not a diabetes management class.

I have read the information about (Insert Organization Name) and the Centers for Disease Control and Prevention (CDC) on the back of this form. I agree to allow (Insert Program Name) to collect weight, attendance, activity and survey data and store it in a secure database. I also agree to allow the organization sponsoring this program to collect and send this information without my name attached to the CDC.

Please sign and date if you agree to the items above.

Signature: _____

Print Name: _____

Date: _____

Sponsoring Location or Organization: _____



TOOLKIT FOR SUCCESS

Gaining Access

- Documents will be released **April 1, 2016!**
 - <http://communityclinicalconnections.com/ODHDSP/index.php>

Community & Clinical CONNECTIONS for Prevention & Health Branch
NORTH CAROLINA DIVISION OF PUBLIC HEALTH

HOME ABOUT US **W** Authentication Required **X** AFF CONTACT US

What we do
[ODHDSP Overview](#)
In October 2014, the North Carolina Stroke Prevention and Public Health Award is administered by the North Carolina Health Branch. The work focuses on:
• Environmental and social determinants of health
• Strategies to reduce the burden of stroke
• Health system interventions to improve the quality of health care delivery to populations with the highest hypertension and pre-diabetes disparities.
• Community-clinical linkages that bridge community prevention efforts with health care systems.

User Name:
Password:

Log In **Cancel**

ODHDSP Funded Regions (shaded in gray)
[Click to enlarge](#)

Legend
• Lead Counties
■ Funded Regions
□ Non-Funded Regions

Click →

User Name:
ODHDSP

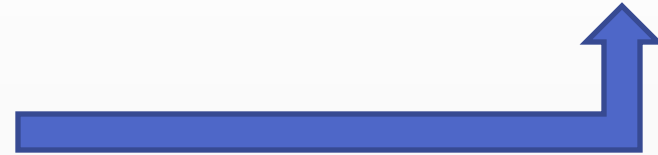
Password:
ODHDSP_Regions



TOOLKIT FOR SUCCESS UPDATES



- New NC DPP Design element
- DiabetesFreeNC.com is live
- New National Diabetes Prevention Program Website
 - <http://www.cdc.gov/diabetes/prevention/index.html>
- National Diabetes Prevention Program: PreventT2 Curriculum Now Available
- First-Ever Prediabetes Awareness Campaign
 - <https://doihaveprediabetes.org/>
 - The risk test can also be taken using a phone or mobile device by texting “RISKTEST” to 97779.



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