



Medicare Diabetes Prevention Program (MDPP) Supplier Learning Series

Scaling the MDPP with Populations of Focus: Hispanic, Latino/a, and Spanish-origin populations

November 8, 2022
Panelists and Presenters:

- **Robyn Taylor**, NACDD, Senior Director of Health Equity
- **Kathryn Luebke**, YMCA of Delaware, Director of Healthy Living & Strategic Partnerships
- **Carolyn Fearing**, Vanguard Communications (in contract with ADA), Vice President

The Medicare Diabetes Prevention Program (MDPP) Supplier Learning Series is an ongoing opportunity for MDPP suppliers and other stakeholders to learn from each other and subject matter experts (SMEs) on relevant MDPP topics.

The MDPP Supplier Learning Series on November 8, 2022 was the second in a series titled, *Scaling the MDPP with Populations of Focus* and featured presentations on engaging with Hispanic, Latino/a, and Spanish-origin populations from two MDPP suppliers. Participants heard from the YMCA of Delaware as well as Vanguard Communications, a marketing and communications contractor for the American Diabetes Association (ADA). An overview of health equity, presented by National Association of Chronic Disease Directors' (NACDD) Senior Director of Health Equity, was also included in the call.

To listen to a recording of this and other MDPP webinars, please visit the [MDPP Implementation Resources](#) page on the National DPP Coverage Toolkit.

Health Equity

- **Health equity = optimal health for all.** Everyone has a fair and just opportunity to achieve their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.
- **Achieving health equity includes addressing a person's social determinants of health.** It requires removing obstacles to health such as poverty and discrimination and addressing a lack of access to healthy food and safe environments (including parks and recreation), health care, good jobs with fair pay, quality education, and housing.
- **This can be accomplished, in part, by "meeting people where they are."** Programs striving to promote health equity should consider the characteristics and needs of the population being served and determine how elements of the five key principles outlined below should be implemented to meet those needs.

"We want to experience a shift in our nation from simply being aware of the preventable differences in the burden of disease, injury, violence, or opportunities to a place where every person has the opportunity to attain their full health potential. This means tailoring opportunities to meet people where they are."

- Robyn Taylor, Senior Director of Health Equity, NACDD



Five Key Principles to consider when developing a program that promotes health equity and meets people where they are.

1	Participant Make-Up. The characteristics of those participating in the program, including the number and type of individuals. Consider overall group size, participation with family or friends, racial/ethnic make-up, gender, ages, etc.	<p style="text-align: center;">National DPP Coverage Toolkit Resources</p> <p>Health Equity and the National DPP</p> <p>This page focuses on health equity in the context of the National DPP lifestyle change program: how promoting health equity can support the impact of the program, and how the program itself can be used as a tool and a model to promote health equity.</p> <p>Curriculum for the National DPP Lifestyle Change Program</p> <p>This page provides access to English and Spanish versions of the PreventT2 National Diabetes Prevention Program curriculum, as well as other language versions.</p>
2	Program Facilitators. The characteristics of those delivering program content. Consider gender, racial/ethnic group, age, level of training, knowledge, education, cultural competency abilities, level of emotional intelligence, personal experience with the disease, etc.	
3	Program Attributes. The elements of the program itself, including physical (or virtual) space, time, delivery methods, distance traveled to class, etc. Consider how participants engage with the content.	
4	Recruitment and Marketing. The strategies utilized to recruit program participants, including marketing content, use of third-party recruiters and program champions (e.g., faith-based leaders, health care providers, community members), and other recruitment channels.	
5	Program Curriculum. The content and messaging of the program curriculum. Consider individually and culturally relevant information and examples, literacy level of materials, languages, incentives, etc.	



Centers for Medicare and Medicaid (CMS) Vision: Advancing Health Equity

- Develop new models and modify existing models to address health equity and social determinants of health;
- Increase the number of beneficiaries from underserved communities who receive care through value-based payment models by increasing the capacity of Medicare and Medicaid providers who serve them;
- Evaluate models specifically for their impact on health equity and share data and “lessons learned” to inform future work; and
- Strengthen data collection and intersectional analyses for populations defined by demographic factors such as race, ethnicity, language, geography, disability, and sexual orientation/gender identity to identify gaps in care and develop interventions to address them.

To read the white paper, visit innovation.cms.gov

The National Diabetes Prevention Program (National DPP) lifestyle change program is uniquely positioned to address health-related social needs among program participants due to its multiple touch points.

Ways to Engage Hispanic, Latino/a, and Spanish-origin Populations

Action	Importance	Examples
Finding the Right Partners	Working with community partners can create ways to reach potential beneficiaries where they live, work, play, and pray. Partnering can (1) leverage and maximize resources, (2) improve outreach to stakeholders, (3) increase credibility, authenticity, and cultural connection, (4) generate broad-based support, and (5) improve health status and community life. Finding the right partners can play a major role in reaching, engaging, and retaining Hispanic, Latino/a, and Spanish-origin populations.	<ul style="list-style-type: none"> • Latin American Community Centers • Federal Qualified Health Centers and Community Health Centers • Community/ Population Health Directors at Medicare Advantage plans • Equity, Diversity, and Inclusion Coordinators • Outreach Coordinators • Existing MDPP cohorts
Finding Relatable Lifestyle Coaches	Lifestyle Coaches interact with participants in frequent and personal ways. Over the course of the year-long program, Lifestyle Coaches get to know participants well and understand their needs and barriers to health. They are a critical component to referring, engaging, and retaining participants and creating successful programs.	<ul style="list-style-type: none"> • Program graduates • Spanish as first language speakers from the community • Persons connected to or representative of the cultures
Tailoring the Program to Culture	Reflecting a population’s culture in the MDPP will help improve participants’ engagement and sustain their long-term success. This includes developing an understanding of the population’s emotional connection to food and its importance in traditions, focusing on foods that align with participants’ traditions and culture, as well as helping participants engage in accessible and culturally relevant physical activities.	<ul style="list-style-type: none"> • Flexibility in cohort availability • Understanding of Latino/a and Hispanic culture • Family involvement (family is first!) • Culturally appropriate program incentives that help people live healthier lives

Effective Messaging and Materials

When developing a communications approach for MDPP participants, it is important that the approach, messages, and materials be tailored to reflect the communities being served as well as use language that is appropriate for the participant’s literacy, health literacy, and culture.

Vanguard Communications assists the American Diabetes Association (ADA) and its affiliate sites in designing messages that engage potential participants in the National DPP lifestyle change program and “inspire people to undertake behavior change.”

Vanguard employs a communications approach that is audience-centered, tailored to the community, informed by and tested with key audiences, and culturally competent.

Findings from Vanguard Site Visit to a Predominantly Mexican American Population

Population-level insights:

- Lower literacy and health literacy
- Sense of fatalism about chronic disease, especially among 60+ year olds
- Low-self efficacy around lifestyle changes (both from participants and some health care providers)

Key community connections:

- Clinics and hospitals are trusted by the community
- Community events are key: football, festivals, parades
- Personal relationships are key (serve as effective messengers)
- Emotional connections to food and the significance of “eating well” should be respected
- Family time is valued



This includes conducting three-day site visits to immerse Vanguard’s communications team in the communities.

These site visits comprise:

- Meetings and interviews with participants
- Meetings and interviews with staff, community leaders, and health care providers
- Touring the community, grocery stores, restaurants, and attractions
- Meetings with community partners
- Debriefs with hospital/clinic administration and marketing and communications teams

Messages and materials are developed based on the interviews and other key findings from the site visits. Vanguard Communications then works with Lifestyle Coaches to test the messages with both participants and health care providers through an online survey.

Messages and materials are adjusted and finalized based on this feedback.

Resources:

Additional materials ADA and Vanguard Communications developed for Hispanic, Latino/a, and Spanish-origin populations are available at:

- [Spanish-language Risk Test](#)
- [Diabetes Pro](#): Includes access to provider-based hand outs and other materials.

ADA/Vanguard Examples of Participant Messaging:

- “It’s not too late to change.”
- “Just because others in your family/community have type 2 diabetes doesn’t mean you will develop it too.”
- “You don’t have to give up the foods you love.”
- “Preventing type 2 diabetes will allow you to spend more time with and enjoy your family.”

ADA/Vanguard Examples of Health Care Provider Messaging:

- “The National DPP lifestyle change program is evidence-based.”
- “The program emphasizes small, achievable lifestyle changes.”
- “You may receive feedback on your patients (through bi-directional referrals if systems are in place).”
- “Outcomes are even better for people over the age of 60.”

Additional Notes from the Discussion:

Referrals:

- Leverage Lifestyle Coaches’ connections to increase program referrals and ensure the program reaches populations of focus.
- Consider engaging younger and non-physician providers for referrals (e.g., nurse practitioners and physician assistants) who may be more familiar with prevention-based programs. Think about the full clinical care team as possible touch points, including Promotores de Salud/Community Health Workers. Share testimonials from other health care providers.
- Work with non-traditional recruitment channels (faith-based leaders, community-based organizations, etc.) to create multiple referral pipelines. (Note: also need to consider pathways for potential participants to receive a blood test for program eligibility).
- Have previous program participants serve as “brand ambassadors” (real people in the community who found success with the lifestyle change program).

Engaging the community “where they are”:

- Local media channels (e.g., have Lifestyle Coaches discuss the program on TV/radio to increase visibility).
- Local grocery stores, food banks, community events, festivals, and other places with high foot traffic.

Outreach and engagement:

- Let potential participants know how important their health is (the facts), how they need to take care of themselves first to take care of everyone else, and about the costs associated with poor health (e.g., health care provider and hospital bills).
- Take the time to get to know potential participants, including their goals and concerns. Keep it conversational—this makes it easy!

Retention:

- Promote class community (e.g., encourage participants to share their contact information).
- Establish clear classroom/program standards and shared accountability. “Your ability to engage in this program affects everyone’s ability.”
- Coach participants, listen to their concerns, answer their questions, and have fun at the same time! Let them know you care about them and support them emotionally.
- Meet them where they are, tell them they don’t have to rush, and let them know that completing the program step-by-step will give them long-lasting results and lead to a healthy lifestyle.
- Celebrate and reward successes (e.g., with a tracking watch or healthy snack) to sustain momentum and excitement for the program. “A little gift can go a long way.”
- Make the end of the program a “graduation.” Give them a sense of accomplishment to celebrate.
- Share positive messages and information. Send emails with culturally appropriate recipes, exercises, and gym invitations.
- Follow up with participants who miss a session. Call them and send an email.

We show the participants that their lives and culture are important to us, and that we respect them.

YMCA of Delaware National DPP Lifestyle Coach





MDPP Updates and Resources from CMS

About the MDPP Supplier Learning Series: The MDPP Supplier Learning Series is a partnership with the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and the National Association of Chronic Disease Directors (NACDD). NACDD implements the planning and facilitation of the series. Other stakeholders such as State Health Departments and the Medicare Administrative Contractors (MACs) may be invited to join the series as applicable.

- **Supplier Survey:** MDPP monitoring contractor Acumen will be reaching out to all MDPP suppliers to complete an online survey regarding supplier experience with the MDPP. All Acumen outreach will be conducted through the MDPP-monitoring-outreach@acumenllc.com inbox.
- **CY 2023 Payment rate update:** The current payment rates can be found at [here](#)
- **Public Health Emergency (PHE):** Once the PHE ends, all MDPP flexibilities described in the CY22 PFS will cease to be available and suppliers will be required to follow the MDPP supplier standards when delivering the MDPP, which includes an in-person format and limits on virtual make-up sessions. However, MDPP beneficiaries who begin the set of MDPP services virtually during the PHE will be allowed to continue the MDPP set of services virtually even after the PHE waiver event has concluded. The PHE is currently set to end on May 11, 2023. You may follow PHE updates here: [List of Public Health Emergency Declarations \(hhs.gov\)](https://www.hhs.gov/health-care/public-health-emergency-declarations/)
- **The Center for Medicare & Medicaid Innovation (the CMS Innovation Center) White Paper:** Last year, the CMS Innovation Center released a white paper detailing their strategy refresh that includes a goal for a health system that achieves equitable outcomes through high quality, affordable, person-centered care. Read the white paper [here](#).
- **Subscribe to the CMS MDPP listserv** [here](#).

Webinar recordings and additional resources: The recording of the November 8th, 2022, MDPP Supplier Learning Series call as well as other MDPP webinar recordings, and resources may be found on the [MDPP Implementation Resources](#) page on the National DPP Coverage Toolkit. Additional resources can be found on the and the [CMS MDPP webpage](#).

Interested in establishing Umbrella Hub Arrangements (UHAs)? UHAs connect CBOs with health care payment systems to pursue sustainable reimbursement for the National DPP.

- National DPP Coverage Toolkit – Sustainability – Umbrella Hub Arrangements: <https://coveragetoolkit.org/umbrella-hub-arrangements/>
- Umbrella Hub Organization MDPP supplier enrollment guide: <https://coveragetoolkit.org/wp-content/uploads/2022/10/UHO-MDPP-Supplier-Enrollment-Guide.pdf>

Questions? Visit the Medicare Diabetes Prevention Program (MDPP) Supplier Support Center: <https://cmsorg.force.com/mdpp/>

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