The National Diabetes Prevention Program (National DPP) lifestyle change program played a significant role in the development of CCHs. In 2014, the Center for Medicare and Medicaid Innovation (CMMI) funded a demonstration for the National DPP lifestyle change program in which the YMCA of the USA served as a lead organization to a delivery system of local YMCAs across the country that delivered the program. The outcome showed increased effectiveness of individual community-based organizations (CBOs) organized as a network under a single managing organization, improved health outcomes, and reduced costs.

As a result of the demonstration, Medicare established coverage for the Medicare Diabetes Prevention Program (MDPP), allowing CBOs to deliver the program as a new Medicare benefit. The history and evidence demonstrating the effectiveness of the National DPP lifestyle change program makes it a promising starting place for CCHs.

There are many examples across the country of organizations that use the CCH model to support a network of CBOs. Iowa Community HUB (HUB) is an example of a CCH that supports providers in offering the National DPP lifestyle change program among other evidence-based programs.

Iowa Community HUB

Background and description

The Iowa Community HUB, established in 2020, is a statewide nonprofit CCH dedicated to reducing health disparities among priority populations through centralizing support for its partners and connecting Iowans to evidence-based programs. The HUB collaborates with partners to maximize resources and support community initiatives by:

- Strengthening clinic-to-community partnerships
- Building support for evidence-based programs
- Advancing navigation to community resources
- Operationalizing lived experience feedback

The HUB supports initiating, expanding, and sustaining health and wellness programs through centralizing and coordinating administrative functions on behalf of its CBO partners (Figure 1).

The HUB is working to add billing and contracting as a centralized administrative function to further enable CBO partners to focus on program delivery and relationship building. The HUB aims to expand its network and study the model’s impact by collaborating with Iowa State University (ISU) as its translational research partner.

Funding for the HUB comes from various sources and is braided to maximize support for HUB efforts. Funding partners include:

- Initial contract support from the National Association of Chronic Disease Directors (NACDD) for statewide program expansion of Walk with Ease (WWE) and the National DPP lifestyle change program
- CDC grants for WWE, Falls Prevention, and Arthritis (AAEBIs) in partnership with ISU

As of April 2024, contracts funded approximately 55% of the HUB’s budget, with grants covering the remaining 45%.

Figure 1: Iowa Community HUB Administrative Functions

- Management of referrals
- Bidirectional feedback with referral sources
- Screening for and addressing HRSN
- Program enrollment

- Program locator and marketing
- Fidelity and compliance
- Data management and security
- Reporting

Figure 2: Iowa Community HUB Referral Pathways

- Contracts with the Iowa Department of Health and Human Services through CDC 2320 and the Association of State and Territorial Health Officials (ASTHO)
- USAing Center of Excellence to Align Health and Social Care CCH grant
- Data Across Sectors of Health (DASH) Incubator
- Administration for Community Living (ACL) Falls Prevention grant with the University of Iowa
**Service delivery model**

The HUB provides services through HUB Navigators that process referrals and work to enhance enrollment and retention in evidence-based programs. Navigators are trained community health workers (CHWs).

Once an individual is referred to the HUB, a navigator contacts the individual, screens for health-related social needs (HRSN), enrolls the participant in the appropriate evidence-based programs (i.e., the National DPP lifestyle change program), and connects the participant to resources to address HRSN that may present as barriers to program participation (i.e., childcare, transportation, nutritious food) (Figure 2).

The HUB is partnering with a Medicaid managed care organization (MCO) to pilot a payment approach that bundles the National DPP lifestyle change program with other social care services that address HRSN for Medicaid beneficiaries.

**Governance model**

The HUB governance model consists of an 85+ member HUB Advisory Group comprised of CBOs. Advisory Group members engage in a learning forum focused on the CCH model and work to advance the HUB’s efforts statewide. The HUB Advisory Group includes three subcommittees, a Diversity, Equity, and Inclusion (DEI) Advisory Task Force, and a Data Safety and Monitoring Board (Figure 3).

The HUB Advisory Group’s collaborative and participatory nature facilitates a welcoming environment for members to communicate openly about challenges, barriers, and successes in their work to bridge health and social care.

**Role of National DPP lifestyle change program**

The HUB was established to support the delivery of all evidence-based programming. Through opportunities with NACDD, the HUB expanded to become an Umbrella Hub Organization as a strategy to facilitate access to sustainable funding to CBOs delivering the National DPP lifestyle change program and Diabetes Self-Management Education and Support (DSMES). As of June 2024, the HUB has preliminary recognition status from CDC’s Diabetes Prevention Recognition Program (DPRP), soon to achieve full recognition.

The Iowa Department of Health and Human Services contracts with the HUB to help support, expand, and sustain the National DPP lifestyle change program, DSMES, and the Chronic Disease Self-Management Program statewide. The contract includes HUB efforts to address program participants’ HRSN, including coupling participation with monthly, home-delivered boxes of fresh produce.