SOCIETY FOR PUBLIC HEALTH EDUCATION

Global Leadership for Health Education & Health Promotion

September 11, 2017

Leroy A. Richardson
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS-D74
Atlanta, GA 30329
Attn: CDC-2017-0053

RE: Society for Public Health Education's (SOPHE) comments on the proposed data collection submitted for public comment and recommendations pertaining to the CDC Diabetes Prevention Recognition Program (DPRP) (CDC-2017-0053)

Dear Chief Richardson:

The Society for Public Health Education welcomes the opportunity to comment on the CDC proposed rule regarding the CDC Diabetes Prevention Recognition Program (DPRP) (CDC-2017-0053). According to the 2017 National Diabetes Statistics Report, an estimated 84.1 million adults have prediabetes and are at risk for developing Type 2 diabetes.[1] The provision of an evidenced-based nationally recognized lifestyle change program that allows at-risk beneficiaries access to trained professionals is vital to stopping the progression of Type 2 diabetes and reducing the costs and suffering associated with diabetes.[1]

SOPHE is a non-profit professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

Comments on Proposed Rule

We applaud the CDC for expanding the National Diabetes Prevention Prevention Program (DPP) and authorizing CDC-recognized organizations to become MDPP suppliers beginning in 2018. CDC proposes a new effective date of April 1st, 2018, adjusted from January 1st, 2018, to allow for sufficient time to apply as an organization and begin furnishing services. We understand the rationale for the extension and believe this is sufficient time for organizations to meet the requirements to become preliminarily recognized to begin offering DPP services and begin billing. Additionally, we support CDC's proposal to establish an MDPP "interim preliminary recognition" standard to permit DPP organizations to enroll in Medicare even if they do not have full CDC recognition. This would increase potential providers and ensure that beneficiaries begin receiving these much needed services in a more timely manner.

CDC also proposes to discontinue eligibility for beneficiaries who progress to a diagnosis of Type 2 diabetes during the duration of the MDPP services period. We understand that DPP services are meant to be preventive of the onset of Type 2 diabetes and that there are other covered services that may be more appropriate for the treatment and management of Type 2 diabetes such as the Diabetes Self-Management Training (DSMT) program furnished by Certified Diabetes Educators (CDE) once a beneficiary progresses to diabetic status. **While we understand the rationale for this proposed rule, we are wary of releasing a beneficiary from MDPP services without mandatory referral to an appropriate Type 2 diabetes program.** We also caution CDC that even with an appropriate referral to a diabetes control and management curriculum there may be significant drop off between MDPP and the referral program. Beneficiaries may feel discouraged after a Type 2 diabetes diagnosis or may not be able to attend the diabetes management program due to socioeconomic and environmental factors. It is necessary to consider common barriers for beneficiary access to care and program services.

Additionally, CDC proposes to revise the definition of an "ongoing maintenance session" and add a definition for "MDPP session," which means a core session, a core maintenance session, or an ongoing maintenance session. The curriculum of the diabetes prevention lifestyle change program is intended to prevent or delay Type 2 diabetes and improve the participants health and well-being. **We support the proposed rule to require beneficiaries to attend all three sessions in an interval in order to continue to have coverage in the subsequent interval.** As suggested, in-person measurements for weight loss is aligned with program participation as well as provision of the necessary skills to sustain the achieved weight loss and to continue to implement the behaviors and habits from the program. We believe it would be in the best interest of beneficiaries to attend all of the required sessions in an interval before they are able to move on to the next interval. This will ensure that they achieved their weight loss goals as well as acquire the skills imparted in that interval.

We are encouraged that the curriculum proposed also includes social risk factors in the context of the set of MDPP services that would inform any future considerations of additional payment policies for the MDPP expanded model. Some of the social risk factors that impact health outcomes of Medicare beneficiaries include: socioeconomic position; race, ethnicity, gender; social relationships; and residential and community context. These social risk factors can be influenced by the trained Lifestyle coach such as the individuals competency.

CDC proposes that MDPP enrollment be limited to a once per lifetime benefit for beneficiaries. SOPHE urges CDC to reconsider this proposed rule as there is a myriad of evidence that it may take multiple attempts for an individual to achieve the kind of significant weight loss associated with the goals of the DPP program.[2] Additionally, emerging research shows that metabolic changes in the body make sustained weight loss more difficult and that multiple attempts may be necessary to achieve lasting weight loss.[3,4]

The Role of Health Education Specialists in Providing the Diabetes Prevention Program to Reduce onset on Type 2 Diabetes

Health Education Specialists work to encourage healthy lifestyles and wellness through educating individuals and communities about behaviors that can prevent diseases, injuries, and other health problems. Although many professionals may possess the requisite skills to conduct

education campaigns, Health Education Specialists are equipped to provide the necessary education to more vulnerable populations, those that are more susceptible to social determinants that lead to increased incidence of chronic conditions such as Type 2 diabetes. A core competency of Health Education Specialists is communicating with and understanding the needs of the underserved, vulnerable and/or limited English-speaking populations, including those who are disabled and suffer from one or more chronic diseases. Health education specialists also supervise community health workers, trusted members of the community served, who can facilitate access to priority populations, and improve the cultural competence of the education or service delivery. Given the wide range of populations with which they work and the diverse settings in which they are employed, health education specialists have significant capacity to conduct the Diabetes Prevention Program. Health Education Specialists' skills in health communications, cultural competency, community engagement, community needs assessment, health coaching, and inter-disciplinary collaboration make them natural leaders to work with public health partners including CMS and CDC toward an integrated preventive health care system that better serves beneficiaries as they access prevention programs.

Thank you for consideration of our comments. In the U.S. one in two adults has a chronic disease, whereas one in four adults has two or more chronic diseases.[5] The time is now to reverse this trend of poor behavioral health choices and reduce risk across all communities. SOPHE looks forward to working with CMS and CDC to improve the reach and effectiveness of prevention programs for conditions that can be avoided, such as diabetes and heart disease. Please contact Dr. Cicily Hampton at (champton@sophe.org) or 202-408-9804 with any additional questions.

Sincerely,

Elaine Auld, MPH, MCHES
Chief Executive Officer

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[1] Centers for Disease Control and Prevention. (2017). National Diabetes Statistics Report, 2017. Retrieved from https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

[2] Delahanty, Linda M., Mark Peyrot, Peter J. Shrader, Donald A. Williamson, James B. Meigs, and David M. Nathan. 2013. "Pretreatment, psychological, and behavioral predictors of weight outcomes among lifestyle intervention participants in the Diabetes Prevention Program (DPP)." Diabetes Care 36 (1): 34-40. http://dx.doi.org/10.2337/dc12- 0733.

[3] Anthanont, P, and Jensen, MD. "Does basal metabolic rate predicat weight gain?"Am J Clin Nutr. 2016 Oct;104(4):959-963. Epub 2016 Aug 31.

[4] Harvard Health Publications. (2015, July). Does metabolism matter in weight loss? Retrieved from https://www.health.harvard.edu/diet-and-weight-loss/does-metabolism-matter-in-weight-loss

[5] Centers for Disease Control and Prevention. (2017). Chronic Disease Prevention and Health Promotion. Retrieved from https://www.cdc.gov/chronicdisease/index.htm