BACKGROUND
In September 2015, the Centers for Disease Control and Prevention (CDC), the American Medical Association (AMA), and the National Association of Chronic Disease Directors (NACDD) hosted the Prevent Diabetes STAT™: California (PDSTAT) meeting in Los Angeles, California to assist the California Department of Public Health (CDPH) with developing an Action Plan to scale-up and sustain the National Diabetes Prevention Program (National DPP). The objectives of the meeting were to determine strategic actions needed to prevent type 2 diabetes and increase enrollment in CDC-recognized lifestyle change programs in California. Over 130 attendees from various organizations participated in the meeting including: payers, employers, health care and National DPP providers, volunteer organizations, and others interested in diabetes prevention. Attendees provided input during action planning sessions focused on four strategies or Pillars related to the National DPP.

As a result, the following four Pillar groups were established:

- **AWARENESS**: Increase awareness of prediabetes
- **AVAILABILITY**: Increase the availability and access of CDC-recognized lifestyle change programs (LCPs)
- **SCREENING, TESTING, and REFERRAL**: Increase clinical screening, testing, and referral to the CDC-recognized lifestyle change programs
- **COVERAGE**: Increase health plan and employer coverage of the CDC-recognized lifestyle change programs

IMPORTANCE OF THE NATIONAL DIABETES PREVENTION PROGRAM
National DPP is a partnership of public and private organizations working to reduce the growing problem of prediabetes and type 2 diabetes. A key part of the National DPP is the lifestyle change program to prevent or delay type 2 diabetes which teaches participants to make lasting lifestyle changes, like eating healthier, adding physical activity into their daily routine, and improving coping skills. To ensure high quality, CDC recognizes lifestyle change programs that meet certain standards and show they can achieve results. These standards include following an approved curriculum, facilitation by a trained lifestyle coach, and submitting data each year to show that the program is having an impact.

DEVELOPMENT AND IMPLEMENTATION OF AN ACTION PLAN
In 2016, CDPH continues to receive technical assistance and guidance from CDC, AMA, NACDD, and a facilitator, to guide the development and implementation of the PDSTAT Action Plan. A newly established PDSTAT Executive Committee will lead the strategic planning to guide the development of the in-person meeting agendas and goals. CDPH staff will lead the Pillar groups, via teleconferences and meetings, to focus on implementation of the priorities that were identified at the September 2015 meeting.
UPCOMING ACTIVITIES FOR 2016:
♦ Monthly PDSTAT Pillar group teleconferences
♦ Two in-person meetings for all PDSTAT Pillar group members. Meetings scheduled for June 24, 2016 in Sacramento, and September 2016 (date and location TBD)

PILLAR GROUPS AND PRIORITIES:
As a result of the September 2015 meeting, each of the Pillar groups identified the following priorities to include in the implementation of the Action Plan.

Awareness
CDPH Pillar Group Lead: Mary N. Rousseve, Communications Lead, Prevention First
Priorities:
1. Leverage and coordinate marketing and promotions across the state to increase consumer awareness in a coordinated way with cities and counties. California will leverage the national Prediabetes Awareness campaign developed by CDC’s Division of Diabetes Translation (DDT), American Diabetes Association, and AMA in partnership with the Ad Council.
2. Increase awareness of healthcare providers to discuss prediabetes with patients.

Availability
CDPH Pillar Group Lead: Lisa E. Rawson, Program Manager, Lifetime of Wellness
Priorities:
1. Increase clinical integration and referrals to existing and future CDC-recognized LCPs.
2. Establish trust and increase buy-in and commitment for diabetes prevention and CDC-recognized LCPs.

Screening, Testing, and Referral
CDPH Pillar Group Lead: Michelle House, Program Manager, WISEWOMAN
Priorities:
1. Initiate meaningful health systems change that will increase screening, testing, and referral through training physician and care teams on existing and emerging tools and resources.
2. Engage the community in such a way that bridges gaps between risk for prediabetes and access to the National DPP.

Coverage
CDPH Pillar Group Leads: Corine Amato, Diabetes Lead, Prevention First; Bob Thurman, Health Program Specialist I, Prevention First; Shirley Shelton, Health Program Manager I, Prevention First
Priorities:
1. Promote coverage/reimbursement for LCPs in Medicaid and Medicare health plans.
2. Promote coverage/reimbursement for LCPs in private and state health plans.
3. Establish broad-based insurance coverage/payer business case.
4. Promote statewide integrated support mechanisms.

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This material is made possible by the California Department of Public Health with funding from Centers for Disease Control and Prevention (CDC) Grant Number DP005499 and Grant Number DP004795. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the U.S. Department of Health and Human Services.