

# Health impact statement

CDC 1815 grant funding (2018-2023)

State of Utah



## Strategy A.1

*Improve access to and participation in ADA-recognized/ADCES-accredited DSMES programs in underserved areas.*

### Problem


In 2021, over 191,000 Utah adults (or 8.2% of Utah adults) had diabetes ([Centers for Disease Control and Prevention \[CDC\], 2021](#)). Diabetes was the 8<sup>th</sup> leading cause of death in Utah in 2021 ([CDC, 2021](#)). People with diabetes also have increased risks for high blood pressure, high cholesterol, kidney disease, cardiovascular disease, and amputations. Diabetes Self-Management Education and Support (DSMES) programs help Utahns living with diabetes learn the skills necessary to better manage their condition, increase self-efficacy, reduce complications related to diabetes, and improve quality of life.

Despite the benefits, not all Utahns with diabetes participate in DSMES programs. Some barriers to DSMES access and participation include:


- lack of awareness and understanding of DSMES among referring healthcare providers
- lack of DSMES awareness among individuals with diabetes
- lack of convenient access to DSMES services

With CDC funding, the Utah Healthy Environments Active Living (HEAL) Program improved access to and participation in DSMES programs.


### Intervention




Partnering with and helping healthcare providers (including pharmacists) become aware of DSMES and educating them on DSMES services, referral process, and local DSMES resources and programs.




Working with the Utah DSMES Consultant to provide 1-on-1 support to DSMES programs, LHDs, and healthcare providers to improve DSMES services and referrals to DSMES programs.



Promoting DSMES to Utahns with diabetes and healthcare providers through marketing efforts.



Helping non-accredited or non-recognized DSMES programs with their accreditation or recognition application.



Engaging the Utah Diabetes Coalition to improve advocacy, networking, and policy around diabetes management.

### Strategy highlights

#### Lessons learned: Working with partners is essential.

- Build partnerships with DSMES champions/advocates statewide, locally, and within the Utah Medicaid office to gain buy-in for DSMES work from partners.
- Build partnerships with healthcare providers and help them become DSMES champions.
- Support DSMES programs in addressing challenges and maintaining their programs.
- Encourage non-traditional partners (such as pharmacies) to offer DSMES services to increase access for people with diabetes.

#### Key partners

- Local health departments (LHDs)
- Healthcare providers, including pharmacists
- DSMES programs
- Utah DSMES Consultant
- Marketing companies
- Utah Diabetes Coalition
- Centers for Disease Control and Prevention (CDC)

#### Target populations

- Utahns living with diabetes

# Strategy spotlight: *Increasing the number of pharmacies accredited as DSMES programs or sites*

## Goal



To improve access to DSMES services by **helping more pharmacies become DSMES-accredited** and providing technical assistance.

## Pharmacists and DSMES

People living with diabetes see a pharmacist more often than a primary care doctor ([CDC, 2022](#)). Therefore, pharmacists are well-positioned to provide DSMES services to Utahns living with diabetes. As one of the most accessible healthcare professions, more pharmacies obtaining DSMES accreditation could improve access to DSMES services. However, increasing pharmacist involvement in providing DSMES services has many challenges, including that pharmacists are unsure of the types of services they can be reimbursed for, how to bill for reimbursement, and how to change pharmacy workflows to increase capacity for providing DSMES services. HEAL worked to help pharmacies overcome some of these hurdles and become accredited as DSMES providers.

## Engaging pharmacies in Utah

HEAL took three key actions to engage pharmacies.

In 2019, HEAL contracted with a technology company to increase the number of pharmacies accredited or recognized as DSMES sites. The company helped pharmacies become accredited by assisting with paperwork, workflows, and other technical requirements. The contract with this company ended in June 2021, with limited success.

In 2021, HEAL contracted with a Utah-based, DSMES-accredited pharmacy to support statewide efforts. The pharmacy served as the lead entity for the Utah Community Pharmacy Enhanced Services Network (CPESN). CPESN engaged a network of over 40 community pharmacies across Utah, promoting DSMES, providing technical assistance in becoming accredited or recognized, and assisting in DSMES delivery.

LHDs also helped pharmacies become DSMES-accredited. For example, in 2022, Southwest Utah Public Health Department helped Desert Canyon Pharmacy in St. George become DSMES-recognized. LHDs such as Salt Lake County Health Department also helped accredited pharmacies to promote their programs.

## Lessons learned

### HEAL experienced challenges with establishing DSMES services in pharmacies:

- HEAL had not historically partnered with pharmacies, and building these relationships takes time.
- The DSMES accreditation process is time-consuming and demands substantial pharmacy commitment.
- Despite pharmacies' interest, reimbursement for providing DSMES services may be less profitable than their traditional services. This posed a significant barrier to participation. Future work with pharmacies should work to address some of these common challenges.

## Health impact

**DSMES program participation.** DSMES participation in Utah increased during the 1815 grant cycle. The number of participants in Utah's DSMES programs increased by 26.3% between 2018 and 2021.

**Pharmacy-based DSMES programs/sites.** During the 1815 grant cycle, HEAL and LHDs engaged 6 pharmacies in Utah. Of those, 4 pharmacies became ADA-recognized or ADCES-accredited DSMES programs. Collaborating with a local pharmacy partner offered advantages in encouraging local pharmacies to pursue DSMES accreditation. As more pharmacies become DSMES-accredited in local communities, DSMES services will be easier to access.

### DSMES participation increased in Utah through 2021.

# of unique participants in Utah DSMES programs

Year	Participants (K)
2018	11.4
2019	12.0
2020	12.9
2021	14.4

2018 2019 2020 2021  
Source: CDC DSMES State Reports. 2022 data is excluded due to inconsistencies in the data.

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**New DSMES-accredited pharmacies**

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Utah Department of  
**Health & Human Services**  
Population Health

### Strategy A.6 *Implement strategies to increase enrollment in CDC-recognized lifestyle change programs.*

## Problem

Prediabetes increases the risk of developing type 2 diabetes, and prediabetes prevalence rates have been steadily increasing in Utah. Age-adjusted prediabetes prevalence among Utah adults increased from about 5.9% in 2009 to 10.4% in 2018 ([Behavioral Risk Factor Surveillance Survey \[BRFSS\]](#)). These rates might have been underreported due to lack of prediabetes awareness. The Centers for Disease Control and Prevention (CDC) supports a program proven to improve prediabetes and delay the onset of diabetes: the National Diabetes Prevention Program (National DPP). Despite increasing prediabetes prevalence, participation in the National DPP among eligible Utah adults has been low. The Utah Department of Health and Human Services Healthy Environments Active Living (HEAL) Program calculated that, in 2018, less than 1% of Utah adults living with prediabetes enrolled in the National DPP. Challenges with enrolling and staying in National DPP include awareness of the program, finding program locations, finding time to participate in a year-long program, participation cost, and lack of insurance coverage. With CDC funding, HEAL implemented strategies to increase National DPP enrollment.

## Strategy highlights

- Utah added **9 new National DPP programs** between fiscal year (FY) 2019 and FY2022, expanding the availability of National DPP.
- The Utah state legislature passed **a bill that allows for Medicaid reimbursement for National DPP services**, enhancing the accessibility of National DPPs in Utah.

### Key partners

- Local health departments (LHDs)
- Steering Committee for the Prevention of Diabetes
- National DPP Network
- Community-based organizations (CBOs)
- Community health workers (CHWs)
- Marketing companies
- National Association of Chronic Disease Directors (NACDD)
- Diabetes Training and Technical Assistance Center (DTTAC)

## Intervention



**Promoted use of the Prediabetes Risk Test** to healthcare providers and Utahns at risk of type 2 diabetes through a digital marketing campaign. LHDs also promoted local National DPPs. Promotion included a Spanish version of the risk test and Spanish and English marketing campaigns.



**Offered reimbursement of Medicare enrollment fees to CDC-recognized National DPPs.**



**Collaborated with partners to refer potential participants** to National DPPs. Partners included a prediabetes champion, the Utah National DPP Network, the Steering Committee for the Prevention of Diabetes in Utah, Utah's Tobacco Prevention and Control Program, local businesses, and CHWs.



**Supported lifestyle coach trainings across the state through the University of Utah.** Provided professional development opportunities for lifestyle coaches, including training of CHWs as lifestyle coaches.



**Provided technical assistance** to CDC-recognized National DPPs and non-recognized DPPs seeking CDC recognition. This included funding a new National DPP. HEAL also regularly updated the National DPP provider list on their website to increase access to information on local class availability.

## Strategy spotlight: *Expanding reimbursement for National DPP services*

### Increase benefit coverage of the National DPP

Since 2018, HEAL has led a statewide steering committee consisting of LHDs, Get Healthy Utah, Intermountain Healthcare, University of Utah Health, Comagine Health, and other partners, to promote and increase coverage of the National DPP, particularly in worksites. Partners used direct engagement, conferences, and social and digital media to encourage worksites to add National DPP as a benefit to their employees. As a result, 7 new worksites began offering the National DPP as a covered benefit, reaching 16,212 employees.

Since 2020, Get Healthy Utah led efforts to establish a bill recognizing the National DPP as a covered benefit for Medicaid beneficiaries. HEAL provided education regarding this bill. In 2022, the Utah State Legislature passed [House Bill \(H.B.\) 80: Diabetes Prevention Program](#), allowing for Medicaid reimbursement for National DPP services. The bill became effective on July 1, 2022, enhancing the affordability, accessibility, and sustainability of National DPPs in Utah.

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new worksites offering National DPP as a covered benefit during the grant cycle.

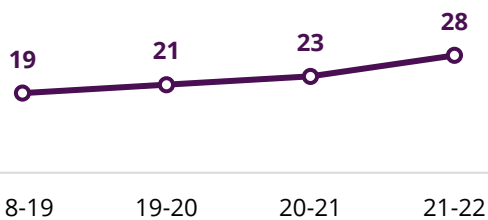
16,212

employees at new worksites offering National DPP as a covered benefit during the grant cycle.

### Health impact

#### Utah expanded National DPP availability.

# of National DPP organizations each year

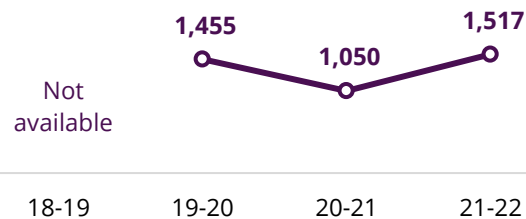


Source: [DPRP July reports](#).

Note: Date ranges cover July 1-June 30 each year. July 2021 data were estimated based on April and September 2021 reports (no July report was available). 2022-2023 data was excluded due to inconsistencies in the data.

#### National DPP enrollment dropped during COVID-19, then rebounded.

# of participants enrolled in National DPPs each year



**National DPP organizations.** The number of National DPP organizations in Utah increased between FY2019 and FY2022.

**National DPP participation.** The number of National DPP participants saw a drop in FY2021, which is likely because community-based organizations that run National DPP in Utah were affected by the COVID-19 pandemic. Potential participants may have also been avoiding group settings. In FY2022, participation numbers recovered to a similar level as before the pandemic. However, it is unclear whether this upward trend will continue.

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Population Health

## Strategy A.7

*Develop statewide infrastructure to promote sustainability for community health workers (CHWs) as a means to establish or expand their use in National DPP and/or DSMES programs.*

## Problem

Before 1815 grant funding, few Utahns knew about community health workers (CHWs), and even fewer utilized them. However, CHWs have become essential in health systems to help individuals at high risk of or living with chronic conditions such as diabetes and prediabetes. For example, CHWs connect people seeking healthcare to health systems, addressing a health equity gap, especially for refugees, immigrants, and those whose primary language is not English.

Despite CHW's potential, the profession has been left out of Utah healthcare teams. For example, clinics in Utah have historically struggled to fund a CHW to support their patients because they needed official certification and a scope of practice to request insurance reimbursement for CHW services. With CDC funding, the Utah Healthy Environments Active Living (HEAL) Program worked with CHW partners to improve Utah's statewide infrastructure to support long-term sustainability for CHWs and to expand the role of CHWs in National Diabetes Prevention Programs (National DPPs) for type 2 diabetes prevention or Diabetes Self-Management Education and Support (DSMES) programs for diabetes management.

## Intervention

CHWs are trusted members of the communities they serve. They provide education, guidance, and social support while serving as a liaison for healthcare providers, social services, and other providers. CHWs share a connection with their communities because they understand the culture and language of the people they serve. To expand the CHW workforce and its role in Utah's health systems, CHWs put together the CHW Core Skills training program. HEAL facilitates the administration of the program.

## Goal



To **create and promote a CHW Core Skills training program and CHW certification** to establish and expand CHW's role in National DPP or DSMES programs.

## Strategy highlights

- **CHWs developed a Core Skills program** for people to receive CHW training.
- **Core Skills training includes a diabetes supplement** for CHWs to support people living with or at risk for diabetes.
- **The Utah legislature passed a bill for CHW certification requiring the Core Skills training**, paving the way for sustainable funding for CHWs.

### Key partners

- Local health departments (LHDs)
- CHW Workforce Development Workgroup
- University of Utah
- Utah Public Health Association
- CHW Core Skills training hosts
- DSMES programs
- National DPPs
- Centers for Disease Control and Prevention (CDC)
- Utah Community Health Workers Association (UCHWA)

## How did Utah CHWs and HEAL achieve their goal?



**Developed a [Core Skills training program](#)** that provides CHWs with the foundational knowledge and skills needed to serve their communities. HEAL facilitates the administration of the training.



**Provided a diabetes supplemental training** as an add-on to the Core Skills program, which includes information on diabetes, prediabetes, National DPP, and DSMES.



**Implemented program improvements**, including more training host sites (for example, community-based organizations, Utah colleges and universities) and improving the online training platform.



**Promoted the training program** statewide through LHDs, the Utah Public Health Association's CHW Section, and other partners.



**Sustained and enhanced Utah's statewide infrastructure** around CHWs to promote long-term sustainability and reimbursement for CHWs. Activities included involving CHWs in the Advisory Board, Workforce Development, Finance Advocacy workgroups and other coalitions, recommending state CHW certification processes, and developing a plan to integrate CHWs into health systems.

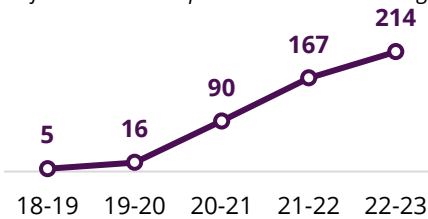


**Increased communication, learning opportunities, and promotion of CHW efforts** and promoted CHWs' collaborations with LHDs, National DPPs, DSMES programs, and other professionals.

## Health impact

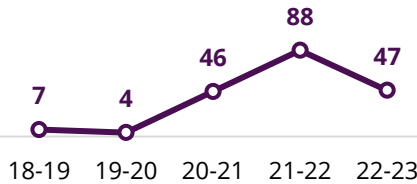
### More CHWs completed the Core Skills training.

# of CHWs who completed Core Skills training



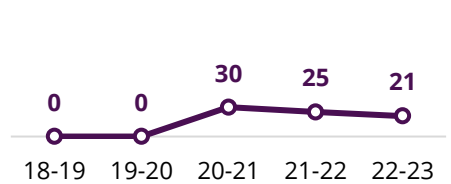
### More CHWs completed the diabetes supplemental training.

# of CHWs who completed diabetes supplemental training



### More CHWs are paid through sustainable funding sources.

# of CHWs paid from sustainable payment mechanisms (excluding CDC funding)



Source: Program records. Note: Chart date ranges cover July 1-June 30 each year. Data is not cumulative.

**5**

Core Skills training host sites.

**35**

employers and LHDs incorporating CHWs in organizational structure in FY2022.

**CHW Core Skills training program completions.** CHWs who completed the Core Skills training increased each year during the 1815 grant cycle. This increase is partly because of more host sites offering the training.

**Core Skills training host sites.** During the 1815 grant cycle, the number of the Core Skills training host sites increased from 1 site in 2019 to 5 sites (Southern Utah University, Association for Utah Community Health, Utah Refugee Training Education Center, Utah State University, and HEAL) in 2022.

**Diabetes training for CHWs.** More CHWs have been trained in diabetes prevention and management.

**State certification requires Core Skills training.** In 2022, the Utah State Legislature passed [Senate Bill \(S.B.\) 104: Community Health Worker Certification Process](#), defining the process for CHWs to become state certified. The bill requires completing the Core Skills training to receive state certification. The passage of S.B. 104 enhances Utah's statewide infrastructure to support the CHW workforce and opens the door to additional payment mechanisms for CHWs.