2016-2021
Statewide Comprehensive Diabetes Prevention Plan for South Carolina

Diabetes Prevention in South Carolina

Screen • Test • Act • Today

Motivation • Commitment • Success
This plan was developed with the Ten Essential Public Health Services as guiding principles. The specific Essential Public Health Services highlighted within the plan are:

- **Assuring competent public and personal health care workforce**
- **Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable**
- **Mobilizing community partnerships and action to identify and solve health problems**
- **Informing, educating, and empowering people about health issues**
- **Developing policies and plans that support individual and community health efforts**

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Dear Colleague,

On behalf of the Diabetes Advisory Council of South Carolina (DAC) and the South Carolina Department of Health and Environmental Control (DHEC), we are pleased to present the 2016 — 2021 Statewide Comprehensive Diabetes Prevention Plan for South Carolina. This plan outlines goals, objectives and activities focused on preventing type 2 diabetes over the course of the next five years.

The DAC and DHEC, along with partners from across the state, are working together to ensure that people with prediabetes achieve optimal health and delay or prevent the onset of type 2 diabetes. Additionally, we have garnered the support of the Centers for Disease Control and Prevention, the National Association of Chronic Disease Directors and the American Medical Association, who provided technical support in the development of this plan and will provide ongoing consultation as we work to achieve the plan goals.

The following elements serve as the framework for our diabetes prevention initiative and will guide the plan’s strategic activities:

- **Assessment** of the current state of diabetes, prediabetes and associated risk factors;
- **Education and Outreach** strategies that are culturally and linguistically appropriate and targeted;
- **Population-Based Community Interventions** focused on promoting and providing evidence-based community interventions such as the National Diabetes Prevention Program;
- **Sustainability and Advocacy** to ensure appropriate policies and resources are available;
- **Evaluation and Surveillance** activities to ensure long-term success of the plan; and,
- **Communications and Cultural Competence** approaches that are well coordinated and acknowledge the needs of targeted audiences.

The DAC and DHEC encourage everyone to take an active role in implementation of the 2016 – 2021 Statewide Comprehensive Diabetes Prevention Plan for South Carolina. Together we can spread the message of diabetes prevention to help South Carolina achieve optimal health.

Sincerely,

Gerald Wilson, MD  
Chair  
Diabetes Advisory Council of South Carolina

Lisa Davis, MBA, BS, RN  
Director, Health Services  
South Carolina Department of Health and Environmental Control
Executive Summary

The American Medical Association (AMA), the Centers for Disease Control and Prevention (CDC) and the National Association of Chronic Disease Directors (NACDD) chose South Carolina as one of five states to receive technical assistance regarding scaling and sustaining the National Diabetes Prevention Program (National DPP). South Carolina was chosen due to the state’s readiness to implement the National DPP as well as existing statewide partnerships and diabetes prevention grant funding being provided to the state. The AMA, CDC and NACDD sponsored a meeting in July 2015 to convene South Carolina stakeholders to start the process of developing a coordinated diabetes prevention strategic plan.

The Plan focuses on an upstream approach and will guide efforts that will prevent or delay the onset of type 2 diabetes. The DAC chose to focus the plan on the CDC’s evidence-based National DPP. The success of the plan relies on the collective and ongoing engagement of public and private health systems and providers, community-based organizations, employers and health insurers with participation from individuals with prediabetes in South Carolina. The engagement of these groups and individuals is organized under the following pillars:

- Pillar 1 – Provider Engagement
- Pillar 2 – Availability
- Pillar 3 – Participant Engagement
- Pillar 4 – Coverage

Each pillar has a specific goal, long-term objective(s), targets and activities organized by the elements of the plan that will help achieve the overall goal of reducing the burden of diabetes and prediabetes within South Carolina. The plan is divided into two phases. Phase 1 of the plan will primarily focus on assessing the current landscape of South Carolina regarding diabetes prevention and building support for lifestyle change programs through the effective use of targeted messaging and resources to the audiences of the four pillars. In 2017, the DAC will begin to develop the objectives and activities for Phase 2 of the plan. Phase 2 of the plan will build on the success of Phase 1, but more importantly, ensure that any gaps seen in Year 1 (2016) implementation of the Statewide Comprehensive Diabetes Prevention Plan are addressed. The DAC will continue to monitor implementation of the plan through the Evaluation RE-AIM framework. The DAC is also committed to using a cultural competence lens regarding diabetes prevention activities as evidenced by the Cultural Competence Guidelines used to develop this plan.

Through this plan, the DAC hopes to build on the work currently underway in the state to bring diabetes prevention to the forefront of South Carolina’s public health agenda and ultimately make South Carolina a healthier state.
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Making the Case for Prevention

Diabetes

- Diabetes is the 7th leading cause of death in South Carolina and the state ranks 4th highest in the nation in the percent of adult population with diabetes.
- In 2013, three people died each day from diabetes – that is one death from diabetes every 8 hours.
- The prevalence of diabetes increases with age – a dramatic increase can be seen among those 45 years of age and older.
- Approximately 1 in 6 African-Americans in South Carolina has diabetes. South Carolina has the 3rd highest rate of diabetes among African-Americans in the nation.
- In 2013, the total amount of hospital charges related to diabetes diagnosed in South Carolina was $321 million. A 2014 study estimated medical costs for South Carolina adults with pre-diabetes were $707 million in 2012.
- Diabetes hospital costs have increased by 33 percent in the past five years in South Carolina. Medicare and Medicaid paid for more than two-thirds of this cost.

Prediabetes

- Prediabetes is defined as having a blood sugar level higher than normal, but not high enough for a diagnosis of diabetes.
- According to the 2012 national Behavioral Risk Factor Surveillance System survey (BRFSS), 37 percent of U.S. adults have prediabetes and nearly 90 percent of adults who have prediabetes are unaware that they have it.
- The 2014 South Carolina Behavioral Risk Factor Surveillance System (BRFSS) estimated that more than 350,000 adults over age 18 have prediabetes. This prevalence has risen from 6.7% in 2011 to 9.4% in 2014.
- According to the CDC Prediabetes Facts, without lifestyle change interventions, 15 to 30 percent of people with prediabetes will develop type 2 diabetes within five years.
Who is at Risk for Prediabetes?

- According to the 2014 BRFSS, **adults age 45 and older are 2.5 times more likely** to have prediabetes than adults ages 18 to 44. **Thirteen percent** of adults age 45 and older have prediabetes.
- **Twelve percent** of overweight or obese adults have prediabetes. According to the 2014 BRFSS, **two out of every three adults** are overweight or obese.
- Of those adults who are physically inactive, **12 percent have prediabetes**. From the 2013 BRFSS, 50 percent of adults do not get the recommended amount of physical activity. A sedentary lifestyle is more common among women than men.
- Nearly two out of every five adults has high blood pressure according to the 2014 BRFSS. **Seventeen percent** of adults with high blood pressure also have prediabetes.

Lifestyle Intervention to Address Prediabetes

Research shows that improving food choices, a modest weight loss (5 to 7 percent of body weight), and getting at least 150 minutes each week of physical activity helps to prevent or delay the onset of type 2 diabetes.

The Diabetes Advisory Council of South Carolina and the South Carolina Department of Health and Environmental Control endorse the implementation of the Centers for Disease Control and Prevention’s [National Diabetes Prevention Program](https://www.cdc.gov/ prediabetes/) as the evidence-based lifestyle intervention to address prediabetes in the state.
Plan Framework and Rationale

Assessment
Assessing the current state of diabetes prevention in South Carolina regarding diabetes prevention will help guide this process. This section of the plan focuses on gathering credible baseline data to inform the direction and coordination of activities to scale and sustain the National DPP within the state.

Education and Outreach
Dissemination of culturally and linguistically appropriate and targeted model prediabetes and diabetes prevention communications directed to all population segments will be an essential component of this plan. Education and outreach to medical providers, participants, and payers will help raise awareness about prediabetes and how multiple sectors of the population can get involved with preventing this chronic issue.

Population-Based Community Interventions
Focusing our efforts on promoting and providing evidence-based community interventions such as the National DPP will help to alleviate the burden of prediabetes and diabetes within the state.

Sustainability and Advocacy
Advocating for policy and sustainable payment resources for the National DPP will help those identified with prediabetes access the National DPP and ultimately reduce the associated costs and economic burden. With sustainable payment mechanisms, more organizations, such as faith and community based, will be able to provide lifestyle change program services to priority at risk populations.

Evaluation and Surveillance

Communications and Cultural Competence

Statewide Comprehensive Diabetes Prevention Plan for South Carolina
Evaluation and Surveillance
Evaluation and surveillance activities are critical for the success of the plan. The DAC will develop a systematic approach to evaluating the goals and activities of the state plan to measure implementation and outcomes. Further, improvement and expansion of prediabetes and diabetes surveillance and monitoring throughout the state will help assess the burden of prediabetes and diabetes and guide the establishment of prevention activities.

Communications and Cultural Competence
An effective and coordinated communications framework will facilitate awareness about prediabetes, the National DPP, and ensure that appropriate and evidence-based messages are reaching the target and at risk populations.

Focusing our efforts on promoting and providing evidence-based community interventions...
Pillars

**Pillar 1 - Provider Engagement**

This dimension focuses on increasing the number of physicians, health care providers and health care consumers that recognize prediabetes as a condition and ultimately commit to make steps towards increasing screening testing and referral to the National DPP.

**Provider Engagement**

**Participant Engagement**

This dimension focuses on increasing awareness of prediabetes among consumers, community organizations, health care providers, hospital systems, health plans, legislators and employers. This dimension also focuses on increasing consumer participation into active National DPP sites.

**Availability**

This dimension focuses on improving accessibility, and ultimately increasing the number of CDC recognized National DPP sites in South Carolina.

**Coverage**

This dimension focuses on encouraging employers and insurers to offer lifestyle change programs as a covered benefit thereby enabling those with prediabetes and/or at risk for type 2 diabetes to access the program.
Provider Engagement

Pillar 1

**Goal:** Health care providers will routinely screen, test and refer individuals diagnosed with prediabetes to evidence-based lifestyle intervention programs such as the National DPP.

**Long Term Objective:**
By May 1, 2021, increase the proportion of provider referrals to National DPP.

**Strategies:**

**Education and Outreach**
- Educate health professionals about prediabetes screening, testing and treatment plans to include the National DPP.
- Increase provider knowledge about prediabetes and diabetes prevention lifestyle change programs.
- Create forums to facilitate health professional education on clinical practice and prediabetes screening, testing and treatment plans to include lifestyle change programs.
- Improve the way that preventative care and education is provided to patients at risk for prediabetes.
- Develop and communicate treatment plans, follow-up procedures and resources for those with prediabetes.

Availability

Pillar 2

**Goal:** Statewide availability of culturally and linguistically appropriate and accessible National DPP sites in South Carolina.

**Long Term Objective:**
By May 1, 2021 establish local/county level National DPP sites proportionate to the number of adults with a diagnosis of prediabetes.

**Strategies:**

**Education and Outreach**
- Develop web-based resources on risk factors associated with prediabetes.
- Provide technical assistance and support training to meet the local community needs for implementing CDC evidence-based lifestyle change programs to prevent diabetes.
- Develop and publish a comprehensive county-level listing of all National DPP and non-traditional diabetes prevention programs.

**Population-Based Community Interventions**
- Increase the number of recognized National DPP sites in South Carolina.
**Participant Engagement**

**Pillar 3**

**Goal:** Increased number of people with a clinical diagnosis of prediabetes or identified at risk for prediabetes who participate in a CDC evidence-based lifestyle change program.

**Long Term Objective:**
By May 1, 2021, at least 1% (3500) of the estimated number of people with prediabetes (as of 2014) will enroll in a pending or recognized CDC National DPP, with at least a 70% completion rate.

**Strategies:**

**Communications and Cultural Competence**
- Provide culturally and linguistically appropriate resources to the community about prediabetes and local lifestyle change programs.
- Develop and communicate tools for sharing information about local lifestyle change programs.
- Develop approaches to address barriers to participation, especially through communication with racial and ethnic groups, for people who may have access but have not participated in a National DPP.

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**Coverage**

**Pillar 4**

**Goal:** Large employers and major insurers covering the National DPP in South Carolina.

**Long Term Objective:**
By May 1, 2021, at least ten large employers will cover the National DPP in South Carolina.

**Long Term Objective:**
By May 1, 2021, at least two large group insurers will cover the National DPP in South Carolina.

**Strategies:**

**Evaluation and Surveillance**
- Identify and map large employers in South Carolina.
- Quantify return on investment to key stakeholders for prediabetes interventions by calculating all prediabetes and diabetes costs along with the anticipated impact of appropriate, evidence-based interventions.
- Provide data and information to the state and other major insurers to support reimbursement policies in response to demonstrated improvements in outcomes and health indicators.

**Sustainability and Advocacy**
- Educate employers on benefits of prediabetes prevention education.
- Advocate for insurer coverage of lifestyle change programs.
Phase 1: 2016-2018

The action plan outlined on the pages that follow illustrates how the Diabetes Advisory Council of South Carolina will operationalize strategies and activities in the pillars within the plan framework. The proposed activities are not all encompassing, but serve as the starting point for addressing prediabetes in South Carolina. The plan will be rigorously evaluated throughout the implementation process. Objectives, strategies and activities will be modified or expanded, based on evaluation findings.

The objectives, strategies and activities for Phase 2 (2019 – 2021) will be developed during year 2 of the implementation process. They will be based on progress to date and address the needs of South Carolina.
<table>
<thead>
<tr>
<th>Plan Framework</th>
<th>Activities</th>
<th>Action Steps</th>
<th>Timeline</th>
<th>Pillar</th>
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</thead>
</table>
| Assessment        | Create a comprehensive listing of all diabetes prevention programs by county including National Diabetes Prevention Program (National DPP) sites and non-traditional diabetes prevention programs | • Identify areas within the state with the greatest need for diabetes prevention programs
• Identify other prediabetes/lifestyle change programs that could have the ability to offer a sustainable National DPP
• Create a state map depicting Medicaid eligible populations, diabetes prevalence, and National DPP sites
• Research other states to see what types of organizations offer the National DPP | July 2016     | Availability |
| Assessment        | Assess the current landscape of South Carolina employers to develop a better understanding of health care and wellness decision-making | • Identify employers in South Carolina by region and stratify by size
• Identify key employers in each stratified group (size), determine location (county) and type (private, public, non-profit, self-insured, contract)
• Determine annual health screenings offered by identified employers
• Assess employer perception of chronic disease prevention and management | December 2016 | Coverage      |
| Assessment        | Assess the current landscape of South Carolina insurers to develop a better understanding of health care and wellness decision-making | • Create a chart of all insurers in South Carolina and assess each insurers’ current coverage of preventative care and programs
• Research preliminary information regarding insurers South Carolina market coverage
• Determine current preventative care programs coverage of the largest insurers | December 2016 | Coverage      |
| Assessment        | Identify at least three actual and perceived barriers to individuals’ participation in the National DPP and recommend solutions/strategies | • Hold focus groups with National DPP providers and lifestyle coaches
• Survey, interview or conduct focus groups with at risk individuals to determine barriers they may have associated with participating in the National DPP
• Connect with other National DPP providers to determine strategies for overcoming common barriers | June 2017    | Participant Engagement |
<table>
<thead>
<tr>
<th>Plan Framework</th>
<th>Activities</th>
<th>Action Steps</th>
<th>Timeline</th>
<th>Pillar</th>
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</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Identify at least three actual and perceived barriers to retention in and</td>
<td>• Consider how to identify and recruit effective National DPP coaches/trainers</td>
<td>October 2017</td>
<td>Participant</td>
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<td></td>
<td>completion of the National DPP and recommend solutions/strategies</td>
<td>• Hold roundtable discussions/focus groups with National DPP providers</td>
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<td>Engagement</td>
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<tr>
<td></td>
<td></td>
<td>• Survey, interview and/or conduct focus groups with at risk individuals who are currently</td>
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<td>participating in, enrolled but not participating in or who have completed a National DPP to determine</td>
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<tr>
<td></td>
<td></td>
<td>barriers to completing a National DPP</td>
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<tr>
<td></td>
<td></td>
<td>• Connect with other National DPP providers to determine strategies for overcoming common barriers</td>
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<tr>
<td></td>
<td></td>
<td>• Compile a list of strategies/solutions that could be used to overcome identified barriers</td>
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<tr>
<td>Education and</td>
<td>Create a comprehensive database of key stakeholders to include medical</td>
<td>• Collaborate with key stakeholders and the Diabetes Advisory Council subcommittees to ensure the</td>
<td>July 2016</td>
<td>Provider</td>
</tr>
<tr>
<td>Outreach</td>
<td>providers, community based organizations, faith-based organizations,</td>
<td>database is inclusive of all medical providers across the state, providers interested in becoming</td>
<td></td>
<td>Engagement</td>
</tr>
<tr>
<td></td>
<td>employers, legislators and media outlets to receive relevant and up-to-date information on</td>
<td>National DPP sites, and worksites that have onsite clinics</td>
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<tr>
<td></td>
<td>prediabetes and the National DPP</td>
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<tr>
<td>Education and</td>
<td>Establish and brand a mechanism for distributing quarterly electronic</td>
<td>• Collaborate with the Communications and Cultural Competence subcommittees to ensure the electronic</td>
<td>January 2017</td>
<td>Provider</td>
</tr>
<tr>
<td>Outreach</td>
<td>newsletters containing up-to-date information on prediabetes and the</td>
<td>newsletter template includes consistent, relevant and targeted messaging to fit the needs of the</td>
<td></td>
<td>Engagement</td>
</tr>
<tr>
<td></td>
<td>National DPP</td>
<td>intended audience</td>
<td></td>
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</tr>
<tr>
<td>Education and</td>
<td>Disseminate on an annual basis, approved prediabetes messages and education</td>
<td>• Use multi-media and non-traditional communications methods to distribute information</td>
<td>Ongoing</td>
<td>Provider</td>
</tr>
<tr>
<td>Outreach</td>
<td>materials</td>
<td>• Use existing partners’ initiatives to expand the reach of prediabetes awareness messages</td>
<td></td>
<td>Engagement</td>
</tr>
</tbody>
</table>
## Action Plan

<table>
<thead>
<tr>
<th>Plan Framework</th>
<th>Activities</th>
<th>Action Steps</th>
<th>Timeline</th>
<th>Pillar</th>
</tr>
</thead>
</table>
| Population-Based Community Interventions| Recruit organizations to become National DPP sites                          | • Conduct interviews or roundtable discussions with current National DPP sites to identify facilitators and barriers for an organization to become a sustainable National DPP site  
  • Identify strategies to mitigate barriers for an organization to become a sustainable National DPP site  
  • Develop strategies to educate non-National DPP providers about the National DPP | December 2017 | Availability  |
| Population-Based Community Interventions| Develop an employer National DPP toolkit and present to selected employers   | • Compile and summarize data from the employer assessment  
  • Draft resources to include in the employer toolkit  
  • Work with the Cultural Competence subcommittee to ensure that materials are culturally and linguistically appropriate  
  • Identify conferences and seek opportunities to present the toolkit to employers | December 2017 | Coverage      |
| Population-Based Community Interventions| Pilot the National DPP with selected employers                              | • Conduct capacity and organizational readiness assessments of selected employers to implement the National DPP  
  • Determine facilitators and barriers to employees participating in the National DPP during the pilot process | December 2018 | Coverage      |
| Sustainability and Advocacy            | Share National DPP employer pilot results with three major South Carolina insurers to further conversations about National DPP coverage | • Compile and summarize the data from the National DPP employer pilot results for insurers  
  • Formulate a plan of action to assist insurers in promoting the National DPP to employers  
  • Speak with the South Carolina Public Employee Benefit Authority and South Carolina Medicaid leadership about piloting National DPP program  
  • Share with insurers National DPP sites in their service area | May 2019     | Coverage      |
Evaluation Framework

Communications Framework

Cultural Competence Guidelines
The Statewide Comprehensive Diabetes Prevention Plan logic model outlines the key inputs, strategies/activities, outputs, and expected outcomes anticipated as a result of implementing the National DPP. The DAC committees will monitor the progress of plan implementation. Process evaluation will be used to determine the extent to which strategies and activities are being implemented along with the facilitators and barriers associated with implementation. Lastly, outcome evaluation guided by the RE-AIM Framework, and population-based surveillance will be used to measure the overall outcomes and impact of the National DPP in South Carolina.

Evaluation Framework

The Statewide Comprehensive Diabetes Prevention Plan logic model outlines the key inputs, strategies/activities, outputs, and expected outcomes anticipated as a result of implementing the National DPP. The DAC committees will monitor the progress of plan implementation. Process evaluation will be used to determine the extent to which strategies and activities are being implemented along with the facilitators and barriers associated with implementation. Lastly, outcome evaluation guided by the RE-AIM Framework, and population-based surveillance will be used to measure the overall outcomes and impact of the National DPP in South Carolina.

Logic Model for the Statewide Comprehensive Diabetes Prevention Plan

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Strategies/Activities</th>
<th>Outputs</th>
<th>Expected Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding</td>
<td><strong>Assessment:</strong> - Create a comprehensive listing of all diabetes prevention programs by county including National DPP sites, non-National DPP sites and counties with no prediabetes sites - Assess the current landscape of SC employers based on size and region to develop a better understanding regarding healthcare and wellness decision making - Assess the current landscape of SC insurers to develop a better understanding regarding healthcare and wellness decision making - Identify at least 3 real and perceived barriers to individuals’ participation in the National DPP program and provide at least 5 recommendations - Identify at least 3 real and perceived barriers to participant retention in and completion of National DPP, provide recommended solutions/strategies</td>
<td>- # of diabetes prevention programs available in SC - # of people with prediabetes reached in SC - # of SC employers that support wellness - # of SC insurers that support wellness - Barriers to participation in the National DPP - Barriers to retaining participants in National DPP</td>
<td><strong>Short Term Outcomes</strong> - Increased the proportion of provider referrals to National DPP - Increased participation in National DPP programs</td>
</tr>
<tr>
<td>Staff Time</td>
<td><strong>Education and Outreach:</strong> - Create a comprehensive database of key stakeholders to include medical providers, community based organizations, faith-based organizations, employers, worksites, legislators media outlets to receive relevant and up-to-date information on the prediabetes education and the National Diabetes Prevention Program - Establish and brand a mechanism for distributing quarterly electronic newsletters containing up-to-date information on the prediabetes education and the National Diabetes Prevention Program - Disseminate on an annual basis, approved prediabetes messages and education materials</td>
<td>- # and types of people that receive prediabetes awareness information through DAC initiatives including newsletters and educational materials - # of prediabetes messages disseminated - # and type of prediabetes education materials disseminated</td>
<td><strong>Intermediate Term Outcomes</strong> - Increased prediabetes rate within SC due to screening - Increased number of recognized National DPP sites - Increased number of recognized National DPP employer sites</td>
</tr>
<tr>
<td>Pillar 1 Committee</td>
<td><strong>Population-Based Community Interventions:</strong> - Recruit organizations to become National DPP sites - Develop an employer National DPP toolkit and present to selected employers - Pilot the National DPP with selected employers</td>
<td>- # of National DPP sites established in SC - # of employers that receive academic detailing using the employer National DPP toolkit - # of employers that establish a National DPP</td>
<td><strong>Long Term Outcomes</strong> - Decreased obesity rate - Decreased diabetes rate - Increase number of recognized National DPP sites that maintain their recognition - Increase number of insurers who offer the National DPP as a covered benefit</td>
</tr>
<tr>
<td>Pillar 2 Committee</td>
<td><strong>Sustainability and Advocacy:</strong> - Share National DPP employer pilot results with 3 major SC insurers to further conversations about National DPP coverage - Formulate a plan of action to assist insurers in supporting employers utilizing the employer National DPP toolkit</td>
<td>- # of SC insurers that receive information on National DPP and SC employer National DPP Pilot</td>
<td><strong>Outcome Evaluation &amp; Surveillance</strong></td>
</tr>
</tbody>
</table>
RE-AIM framework encourages a focus on the crucial program elements that can improve the sustainability of interventions. Furthermore, it is intended to translate research into practice by evaluating the following areas: Reach of the target population; Effectiveness or efficacy; Adoption by target staff, settings, or institutions; Implementation consistency, costs and adaptations made during delivery; and Maintenance of intervention effects in individuals and settings over time. This evaluation plan will provide information on the overall outcomes and impact of the National DPP in South Carolina.

Furthermore, the DAC Evaluation Committee will apply a developmental evaluation approach to implementation of this evaluation plan, which will allow for adaptations as appropriate, to support evolution of the National DPP implementation in South Carolina. As a starting point, the Evaluation Committee used the RE-AIM framework to develop the following evaluation questions:

**Reach**
1. What proportion of people with prediabetes is the DAC reaching within South Carolina?
2. What is the demographic makeup of the individuals who were reached through the DAC initiatives?
3. What is the socioeconomic makeup of the individuals who were reached through the DAC initiatives?
4. What reasons do participants report for participating or deciding not to participate in the National DPP?

**Effectiveness**
1. What proportion of National DPP sites were established within South Carolina from the DAC initiatives?
2. What proportion of National DPP participants finished at least 70% of the sessions?
3. What is the average weight loss per participant that completed at least 70% of the National DPP?

4. What are the facilitators and barriers to achieving the expected outcomes of the Statewide Comprehensive Diabetes Prevention Plan?

**Adoption**
1. How many and in what type of settings are National DPP sites established through the DAC initiatives?
2. What are the facilitators and barriers to establishing the National DPP?

**Implementation**
1. What is the estimated number of people that received prediabetes awareness information through the DAC initiatives?
2. What are the facilitators and barriers to providing prediabetes awareness information through the DAC initiatives?

**Maintenance**
1. How have the obesity rates with South Carolina been impacted?
2. How have the prediabetes rates within South Carolina been impacted?
3. How have the diabetes rates within South Carolina been impacted?
4. How many National DPP sites maintained their programs from 2016 until 2021?
5. How many National DPP sites became a recognized program through CDC from 2016 - 2021?
6. Which settings continue/discontinue their programs from 2016 - 2021?
7. What facilitators or barriers influenced a National DPP’s decision to continue or discontinue?

These questions assess both qualitative and quantitative measures that provide specific information on participant ethnicity, gender, socioeconomic factors, average weight loss from the program, unique settings of the sites, overall facilitators and barriers, and other relevant statistics.
# Communications Framework

## Overarching Strategies
- Utilize national diabetes prevention (CDC/Ad Council Campaigns) materials as the foundation for prediabetes communication messaging
- Create and maintain Diabetes Advisory Council of South Carolina website
- Create and disseminate quarterly and annual progress reports

<table>
<thead>
<tr>
<th>Target: Health Care providers</th>
<th>Target: Community partners</th>
<th>Target: General audience, individuals at risk for prediabetes and individuals with prediabetes</th>
<th>Target: Employers and insurers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategies</strong></td>
<td><strong>Strategies</strong></td>
<td><strong>Strategies</strong></td>
<td><strong>Strategies</strong></td>
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<tr>
<td>• Utilize the AMA/CDC Prevent Diabetes STAT Toolkit and other resources to engage providers</td>
<td>• Develop and disseminate outreach materials and talking points for staff to use in face-to-face group and individual meetings</td>
<td>• Use multiple media platforms to disseminate culturally and linguistically appropriate messages and materials aimed at increasing the general population’s knowledge about prediabetes</td>
<td>• Develop and place a National DPP toolkit for insurers on the DAC website</td>
</tr>
<tr>
<td>• Display and share information at professional conferences and meetings</td>
<td>• Promote National DPP materials on the DAC website and social media platforms</td>
<td>• Increase general population’s knowledge about the benefits of eating healthy, being physically active and modest weight loss as an approach to prevent diabetes</td>
<td>• Create materials and messaging for employers and insurers demonstrating a business case for covering National DPP</td>
</tr>
<tr>
<td>• Create an online toolbox of local and national resources for providers on the DAC website</td>
<td>• Promote existing National DPP sites on the DAC web site</td>
<td>• Create culturally and linguistically appropriate materials to inform population groups in the vicinity of National DPP site about availability of programs</td>
<td>• Create a “business case for National DPP” display</td>
</tr>
<tr>
<td>• Create and disseminate shareable message for social media sites targeting health care providers</td>
<td></td>
<td>• Conduct outreach to diverse business owners</td>
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</table>
Cultural Competence Guidelines

Cultural Competence and Diabetes Prevention in South Carolina

Cultural competence involves understanding and appropriately responding to the unique cultural variables including ability, age, beliefs, ethnicity, experience, gender identity, linguistics, national origin, race, religion, sexual orientation and socioeconomic status that health professionals, lay health educators and participants bring to the development, successful execution and monitoring of the Statewide Comprehensive Diabetes Prevention Plan and implementation of National DPP.

The Diabetes Advisory Council of South Carolina (DAC) recognizes the importance of responding to our diverse population and working toward eliminating long-standing health disparities related to diabetes. DAC is committed to using a cultural competence lens when planning, implementing and evaluating diabetes prevention programs in the state.

DAC supports and will use the following guidelines during the implementation of the strategies outlined in the Statewide Comprehensive Diabetes Prevention Plan:

- Use of scientific data to drive decision (i.e., program placement)
- Locate programs where access to health care services are limited
- Assure programs are located in areas where other free or reduced price support services are available (e.g., open community use facilities, farmers’ markets/stands)
- Ensure diversity among National DPP sites
- Engage employers that have a diverse workforce
- Develop culturally and linguistically appropriate materials and information for South Carolina’s diverse population groups
- Utilize trusted traditional and non-traditional service providers for program service delivery
- Utilize trusted traditional and non-traditional media, including social media outlets that meet our population’s needs
- Ensure the accurate collection and reporting of data including race, ethnicity, language preference, and gender
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