Fall 2025 Diabetes Prevention Network Meeting

Michigan Diabetes Prevention Network

MDHHS-Diabetes Prevention & Control Program

www.Michigan.gov/Diabetes

MDHHS

Michigan Department of Health & Human Services

Mission

MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the state of Michigan.

Welcome

- Thank you for coming!

- We encourage breaks and activity during the meeting.

- Brief MI Diabetes Prevention Network (DPN) background.

- Feedback is important to us.

Housekeeping

- Closed captioning is available in Zoom.

- Sharing feedback and asking questions – Chat + Shout it out.

- Slides and recordings to be posted on www.midiabetesprevention.org and emailed to the group when available.

Icebreaker

When do you put up fall decorations (if you decorate)?
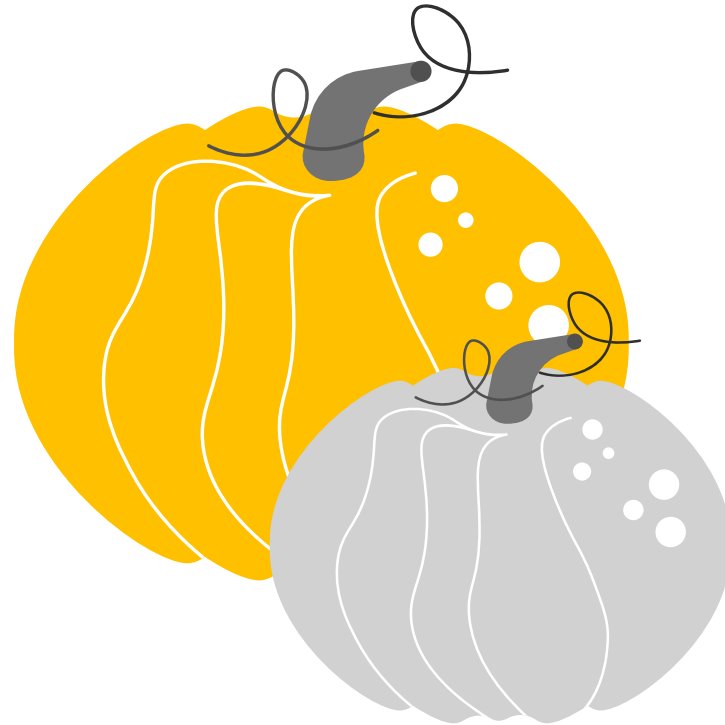
Agenda

- National & State Updates.
- Maximizing Accessibility in DPP.
- Wrap-up.

Medicare DPP 2026 CMS Proposed Rule

- Comments have closed.

- Changes will be announced this fall and take effect 1/1/2026.

- Updates:

  - Weight collection requirement flexibility.
  - Extends distance learning as allowable through 2029.
  - Allows online (not live) delivery through 2029.
  - Clarifies that an in-person modality org. code does not need to be kept to offer online DPP.

CDC Diabetes Prevention Recognition Program data reporting, submitted via SAMS every 6 months:

- Gender column removed – now 36 instead of 37 columns in DPP data reporting spreadsheet.

- If data is submitted with 37 columns or with a first row that isn't column headings, you will get an error.

- OK to either use old template and delete gender column yourself or use new template on Customer Service Center site.

National Updates (3)

CDC Office Hour Quick Tips, Cont'd:

- In-person with/without distance modality can offer make-up sessions in any modality.

- Preliminary and Full recognition don't expire, as long as you submit data every 6 months.

- Full Plus does expire – it lasts 12 months – must continue requirements to retain.

- Reach out for help through CDC Customer Service Center "help desk ticket" option, including if you want to change delivery mode.

MDHHS Updates

CDC July Data – Michigan

- 37 DPPs (2 new since April), 10 active Medicare DPP (up from 9 in April) providers, 3 orgs with Full recognition (4 in April) and 22 with Full Plus recognition (up from 20 in April).

- 9 Medicaid DPP (MiDPP) suppliers enrolled in CHAMPS, with 95 Lifestyle Coaches in CHAMPS and able to bill Medicaid.

- Since DPP started, 36,179 completers (up 859 from 35,320 in April).

- Since disability (yes/no, 6 fields) was required in July 2024, 197 (up from 127 in April) participants have reported having at least one disability.

CDC July Data – Michigan

Completers by modality – Changes since April:

- In-Person with Distance Component: Up 413 (from 2,844 to 3,257).
- Distance (live): Up 266 (from 2,150 to 2,416).
- In-Person: Up 123 (from 11,692 to 11,815).
- Online (not live): Up 57 (from 18,572 to 18,629).
- Combination with Online Component: Up 0 (from 62 to 62).
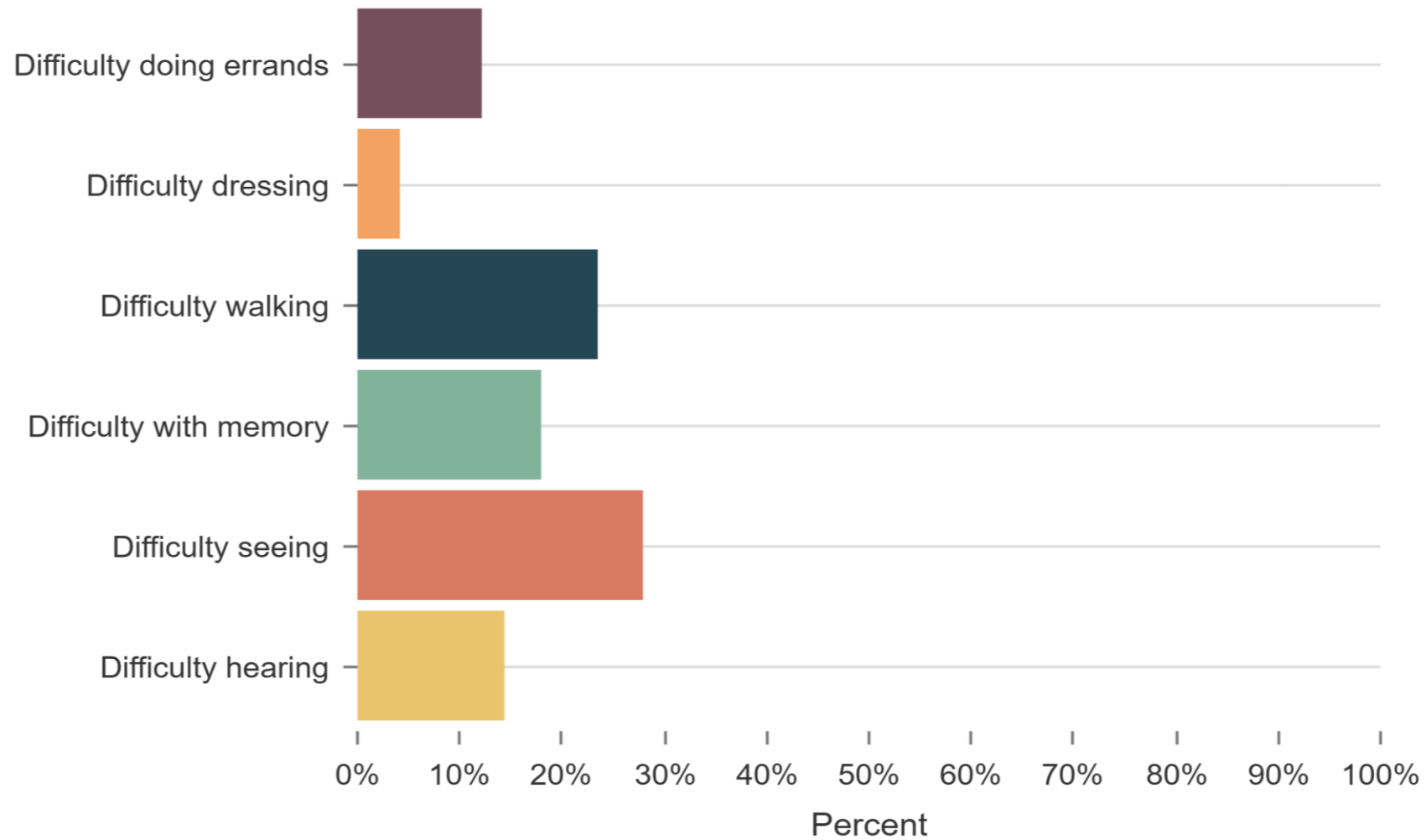
Risk reduction criteria from 2024 CDC DPRP Standards

Target of a DPP is to have at least 60% of completers showing risk reduction, which is considered one of these:

- At least 5% weight loss.

- At least 4% weight loss and attended at least 8 sessions in first 6 months and have attended a total of at least 9 months.

- At least 4% weight loss and 17+ sessions attended.

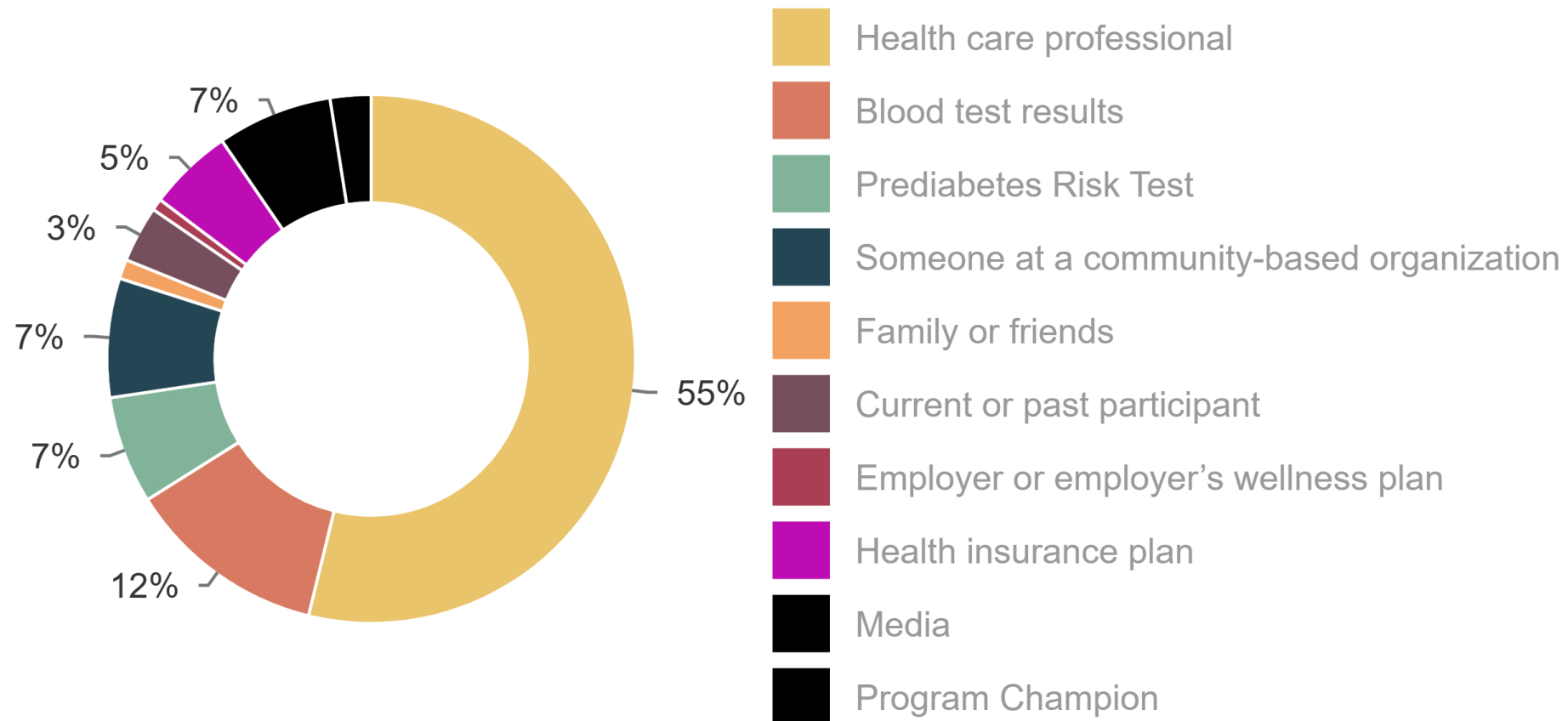- At least 0.2% reduction in baseline A1c.

MDHHS Updates (4)

CDC July Data – Michigan.

- 2025 Quarter 2 (April-June).

- People reporting disability.
    - 78 concluders. (Up 56 since April: 22)
    - 89.7% of concluders were completers. (Change since April: was 100%)
    - 58.6% of completers – 41 people - met risk reduction. (Change since April: 63.6%)
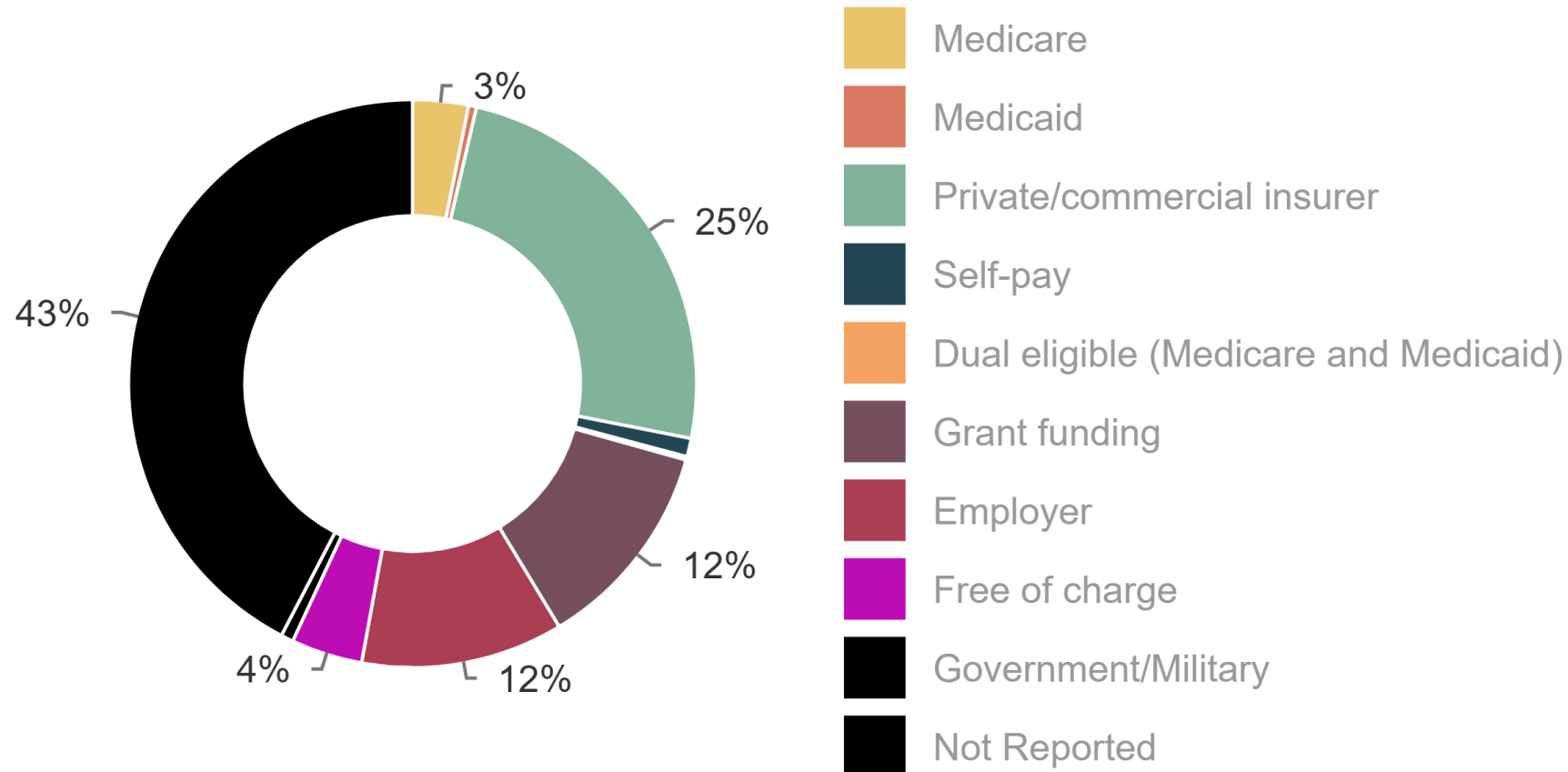   - 197 people reported at least 1 disability.

State Enrollment by Disability Statuses[1,5]

State Enrollment by Enrollment Motivation[1]

- Health care professional — 55%
- Blood test results — 12%
- Prediabetes Risk Test — 7%
- Someone at a community-based organization — 7%
- Family or friends
- Current or past participant — 3%
- Employer or employer's wellness plan
- Health insurance plan — 5%
- Media — 7%
- Program Champion

State Enrollment by Payer Source[1]

- 3%
- 25%
- 12%
- 12%
- 4%
- 43%

Legend:
- Medicare
- Medicaid
- Private/commercial insurer
- Self-pay
- Dual eligible (Medicare and Medicaid)
- Grant funding
- Employer
- Free of charge
- Government/Military
- Not Reported

MDHHS Updates

- CDC July Data – Michigan

  - 2025 Quarter 2 (April - June).

  - People reporting low socioeconomic status.
    - 2,761 (up 889 from 1,872 in April).
    - 41.3% (up from 39.6% in April) concluders were completers.
    - 64.1% met risk reduction, or 536 total (down from 64.7% in April) met risk reduction.

Do these updates bring up any questions or thoughts?

- If so, please share!
- You can unmute or enter comments in the chat.
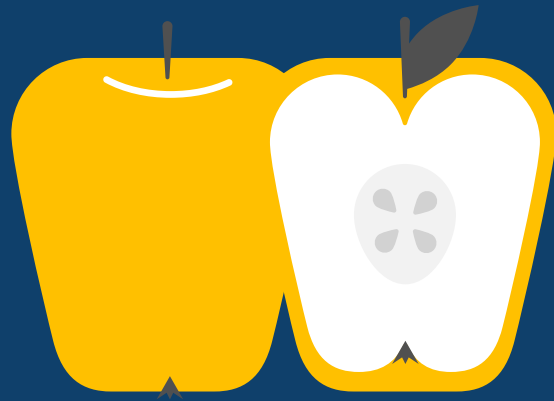
Accessibility & DPP

Alice Frame

MDHHS - Disability

FrameA@Michigan.gov

What is disability?

- **Functional -** Disability is a measure of how well a person functions within the environment.

- **Contextual** - Severity of disability depends on the environment a person is in.

- **Transient** - People move in and out of the disability demographic.

- **Universal -** Everyone will experience disability at some point.

- **Visually Diverse** - Disability is not always visible, and not all visible disabilities look the same.

In Michigan, more than 1 in 4 adults has a disability.

'Intellectual' vs 'developmental'

Developmental Disability

- Long-term disability that can affect physical and/or cognitive functional.

- Must appear before age 22.

- A person can have a developmental disability with or without an intellectual disability.

Intellectual Disabilities

- A sub-set of developmental disabilities.

- Disorders characterized by limited cognitive or mental capacity.

- Must be diagnosed before age 18.

Service Animals

- Service dogs and service miniature horses are protected by the ADA.

- Service animals are different than emotional support animals.

- Service animals should be allowed in all spaces that the person is.

- There are many different types of service animals –not all are trained for navigating obstacles.

- Do not try to interact with or pet a service animal without permission, especially if the animal is working.

Accessibility vs. Accommodation

- **Accessibility**: the things you do for all your workshops, to make sure there are no barriers to people with disabilities or other limitations.

- **Accommodation**: things you do upon individual request, to make it possible for that individual to participate.

Our goal is always to make an event as accessible as possible upfront, and to respond appropriately to all accommodation requests. Universal design and accessibility benefit <u>everyone</u>.

Why Accessibility?

- More than 27% of adults in Michigan have a disability (BRFS)
- Everyone exists on a spectrum of neurodiversity
- Universal design benefits everyone
- It's the law

- Accessibility should be part of all decision making, from the earliest stages of planning to post-event follow-up

- Include people with different types of disabilities in each step of the process

Participant Characteristics

This dashboard enables users to monitor data by participant characteristics in ord
Diabetes Prevention Program (National DPP).

State Enrollment by Disability Statuses[1,5]
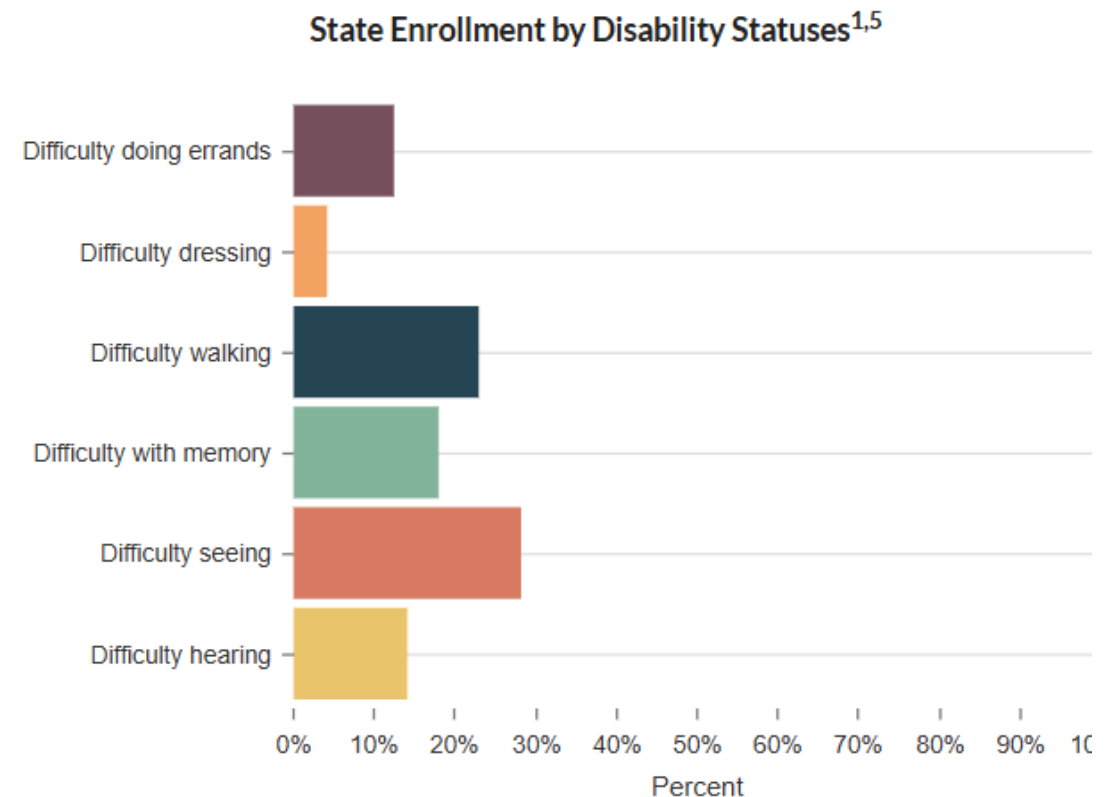
Accessible Spaces

- Reachable through public transportation.

- Parking, entry, approach, and all public features are all accessible for people and service animals.

- Well lit, ventilated, free of unrelated loud noises and strong scents.

- Adequately spaced furniture.

Accommodations

- Offer registration assistance for those who many need it – all registration forms should include contact information for someone who could help.

- Include an accommodation budget in your planning.

- Registration forms and surveys should include a question about needed accommodations. For example: *Do you require any kind of accommodation to fully participate in this meeting? If so, please contact Jane Doe at Doe1@gmail.com by March 1, 2019.*

- Most are simple and low cost – seating positioning, alternative versions of materials, allergies, timing of transportation, etc.

Group Discussion

Question:

- Someone reaches out to you requesting large print versions of the *PreventT2* curriculum for their DPP class, as well as food logs and physical activity tracking. What would you do?

Feel free to say your answer out loud or enter it into the chat.

Accessible Communication

- Make sure your communication is culturally competent and respectful.

- Speak directly to the individual (not an aide, interpreter, or caregiver).

- Avoid euphemisms – disability isn't a bad word (differently-abled, handicapable).

- Avoid language that implies limits or assumes poor quality of life (suffers from, crippled, wheelchair bound, handicapped).

- Avoid infantilizing language or tone.

- Avoid mis-using mental health terms (OCD, manic, bipolar, psychotic, crazy, etc).

- Avoid sarcasm and idioms.

- Ensure that everyone can access and process your communication.

Person vs. identify-first language

MDHHS
Michigan Department of Health & Human Services

Person-first:

- Puts the person before the illness.
- Indicates that a person *has* a disability, not that they *are* the disability.
- Opposite of "people with disabilities" is "people without disabilities."

Identity-first:

- Puts the disability before the person.
- Indicates that the condition is part of that person's identity.
- Opposite of "disabled person" is "non-disabled person."

Person-first language has been considered the more respectful option for some time, because of its emphasis on the person. In recent years, however, many in the disability community have started using identity-first to describe themselves in an effort to reclaim the disability narrative. We recommend you use person-first as a neutral starting point. However, you should always defer to a person's stated preference when shared.

Ensure that everyone can access and process your communication

- Provide directions multiple ways (i.e., verbal and printed/visual).

- Make sure all print materials have adequate color contrast and standard sans-serif fonts, so they are easy to read.

- Make sure your electronic documents are accessible and can be processed by screen reading software.

- Use plain language.

- In large spaces, everyone should use a microphone

- Make accessibility features standard (such as captioning), not something a person has to request

Document Accessibility

- Document accessibility is complex process that involves ensure that documents are visually accessible and can be processed effectively by assistive technology.

First steps:

- All text should be regular sans-serif, 11pt or larger (18 for PPT).

- Ensure all color contrast meets requirements.

- Include alt text and proper alignment.

Example: charts
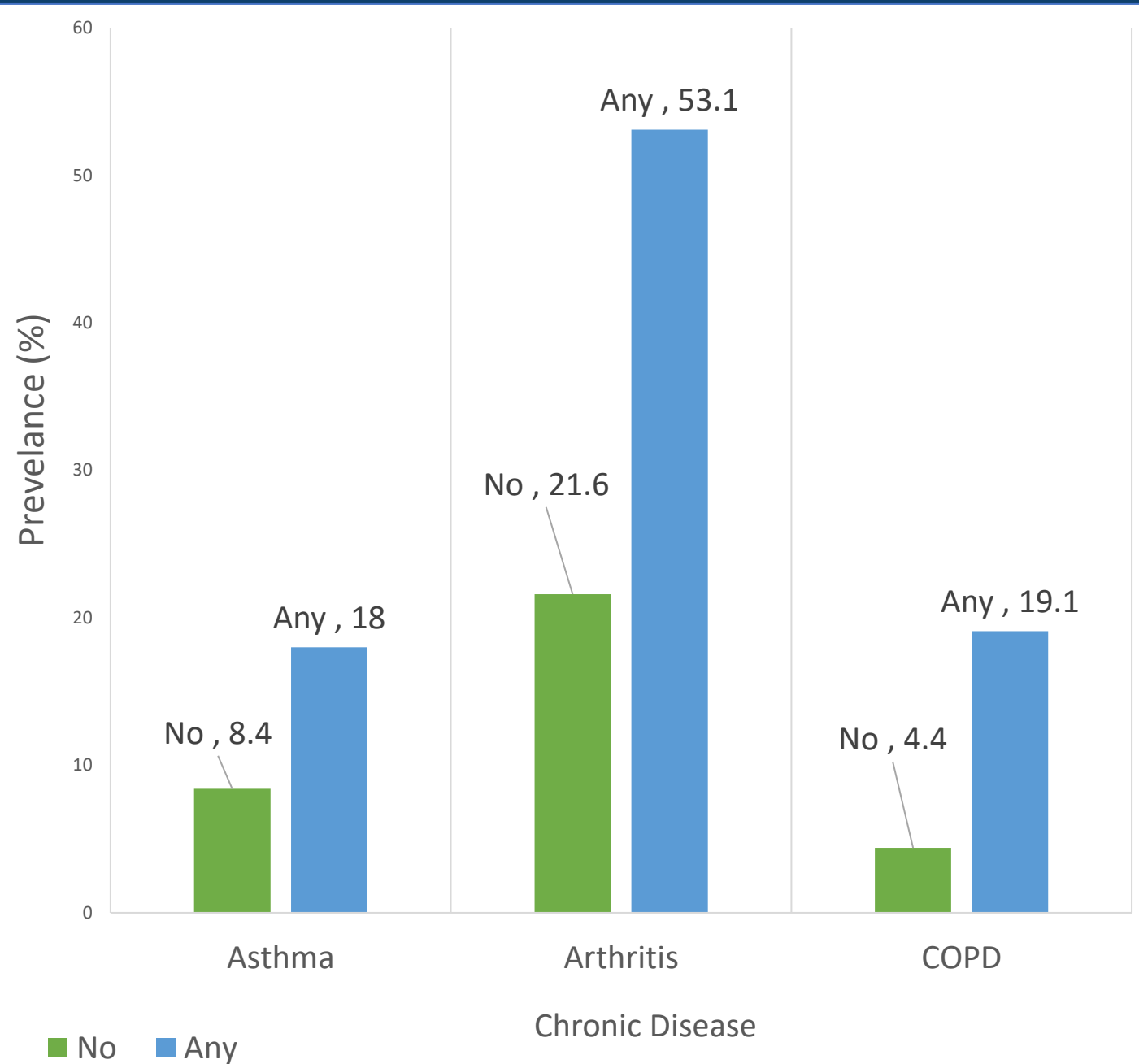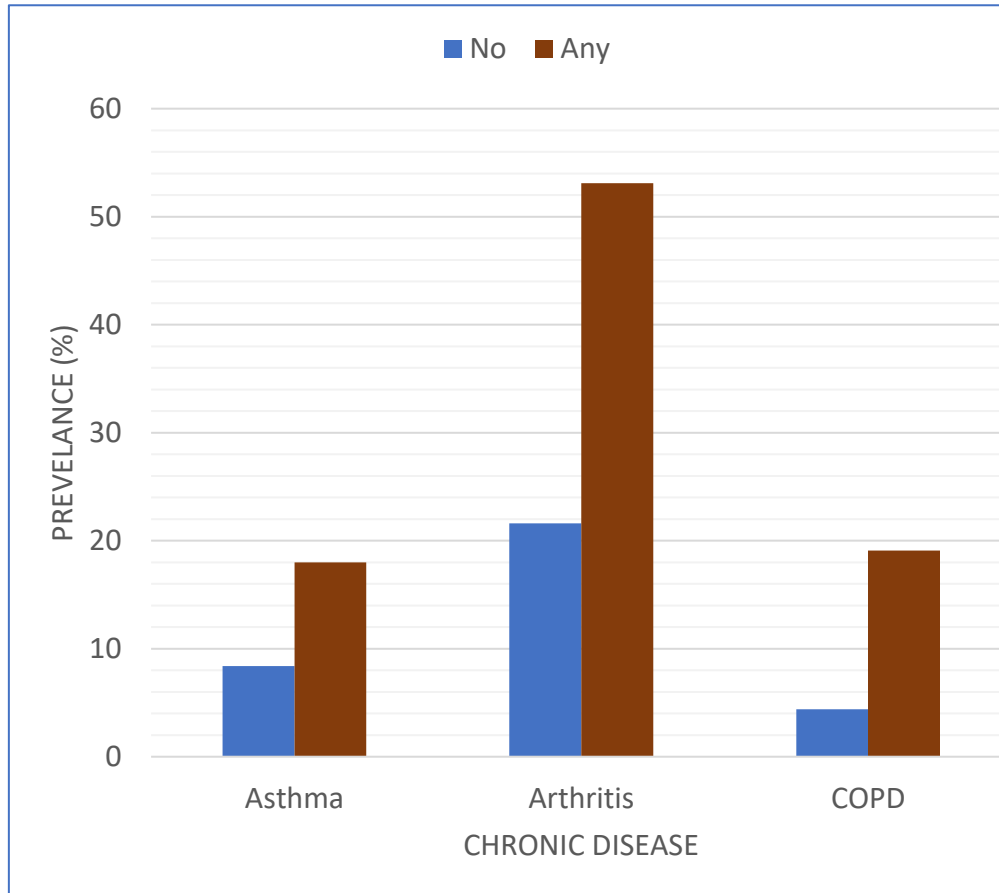
Which is easier to visually process? Why?

Respect the person and their equipment

- Never make assumptions about a person's ability.

- Always ask before helping – and respect the answer.

- View equipment as an extension of the individual.

- When approaching a person, keep sensory disabilities in mind.

- Be mindful of nonverbal cues – not everyone is comfortable with close contact.

Accessible participant engagement

- Allow multiple methods for asking questions or making comments – raise hand feature, chat box, taking self off mute.

- Have a meeting moderator who reads content sent in the chat window out loud or watches for "raised hands."

- Breaks should be accessible in length.

All interactive elements should be inclusive

- Avoid purely visual activities.

- Avoid using cell phone/apps for activities unless you know/have surveyed your audience.

- Avoid activities that require a person to go retrieve things.

- Physical activity should be optional and able to be done seated.

Virtual Meetings – Accessible Platforms

- Make sure you are using a platform that has accessibility features, like captioning.

- Offer multiple methods of joining the call – video versus dialing in.

- Use a platform that allows a person to pin a speaker (or interpreter) to the main screen.

- If you have audience members using screen reading software, turn off the chat.

- Zoom seems to be the preferred platform, but Teams and Google Meet are the next best options.

During Virtual Presentations

- State your name before speaking – every time.

- Tell everyone how to turn captions on upfront. Make sure you're familiar with how to do so before the meeting and that you have the feature activated.

- Have your video on while you're talking – make sure the room is well lit and you are directly facing the camera.

- Describe your slides if there's visual content, such as images or pictures.

- Read <u>all</u> content on slides.

- Any videos shown should be captioned.

Small Group Discussion

Universal Design/Casting a Wide Net:

- How have you communicated that people with disabilities are welcome to join DPP?
- Have you ever publicized specific accommodations when promoting DPP?
- Have you ever had issues where this didn't go as well as you thought?

Disability-Specific Populations:

- Have any of you recruited for DPP with disability-related populations, such as group types below (or another type)?
  - Treatment centers/homes.
  - Schools for people with disabilities up to age 26.
  - Day centers.
  - Traumatic brain injury centers.
  - Caregiver groups for "buddy" participation.
  - Other?
- If so, how did it go? Anything particularly successful/unsuccessful?

Discussion

Wrap-Up and Thank You

DPN Evaluation

- Please fill out the meeting evaluation.
  - Link: https://forms.office.com/Pages/ResponsePage.aspx?id=h3D71Xc3rUKWaoku9HIl0QinSJ7ceQpMn8hn_G09nedUNjU4ME1DTUFCR1VPM1hCNkc1M1lLNzJJVi4u

- Include any questions you want answered at upcoming COP meetings in the eval, in this meeting's chat, or email DavenportA1@Michigan.gov.

  - We will save slides and notes if you can't attend live!

Meeting Feedback: Fall 2025 MI Diabetes Prevention Network Meeting

Thank You

- Alice Frame: FrameA@Michigan.gov

- Tamah Gustafson: GustafsonT2@Michigan.gov

- Adrienne Davenport: DavenportA1@Michigan.gov

- Medicaid DPP: MDHHS-Medicaid-DPP@Michigan.gov