
Translating DPP into Public Health Activities

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Objectives

- Discuss the funding and process of public health prevention efforts
- Discuss the potential role of public health in supporting the implementation of DPP in screening, behavior change, and chemoprophylaxis

Funding of public health prevention efforts

- Little or no funding from state government
- Grant funding from CDC
- Tobacco settlement funds
- Foundation funding (local, national)
- Other

Process of public health prevention efforts

- Collaborative community groups
- Grant and contract programs
- Specific programs

Community collaborations

- Participants:
 - » Academic partners
 - » Health system partners
 - » Professional societies
 - » Private organizations
 - » Other stakeholders
- Products can be programs, guidelines, policies, goals, materials

Grant and contract programs

- Contracts provide funding to community organizations and local health departments for relevant projects and programs
- Sources include Prevention Block Grant, tobacco settlement money, private foundations, other programs

Specific programs

- CDC funded, based on programmatic priorities
- Grants vary from state to state
- Programs include diabetes (care), cardiovascular disease, and weight gain prevention (diet and exercise)
- Programs are relatively “siloed”

Other process issues

- Local health departments
- Local public health nursing services
- State/local relationships

What exists currently to support implementation of DPP findings?

- Screening
- Behavior change
- Chemoprophylaxis

Screening

- No public health funds currently
- Indirect support would involve working with community partners (health systems, insurers, community health services, other state agencies, etc.) to promote supportive policies for screening

Screening

- Direct support could be provided on a small scale through collaboration with Medicare, Medicaid, and other programs for low income individuals
- Population-based screening would require a significant resource commitment
- Community health fairs might be a source of direct care if integrated with a primary care system

Screening alternatives

- Can DPP develop a high risk profile that could be used in lieu of biological testing as an indicator to recommend behavior change?
- How good is a single non-fasting (or fasting) fingerstick without an OGT in defining high risk individuals?

Behavior change

- Existing programs in Colorado (all CDC-funded):
 - » Diabetes Coalition
 - » Cardiovascular Disease Coalition
 - » Weight gain prevention (diet and exercise)
 - » Relevant Prevention Block Grant contracts

Behavior change

- Nearly all activities are dependent on collaboration with non-public health community partners
- State health serves as facilitator for collaborative efforts, some training, and some materials production and dissemination
- Programs could potentially provide direct services

Behavior change

- Activities that could promote supportive public health support/programs:
 - » CDC could provide funding for specific DPP-like programs and activities
 - » Such projects could benefit from a program that stressed cooperative efforts between existing programs

Behavior change

- Other funding sources (translational research grants from AHRQ)
- NIDDK might consider supporting translational research or program evaluation

Chemoprophylaxis

- Public health could facilitate or provide education and training for health care providers
- Public health could be a source of care for low income individuals, via a grant-funded program or cooperative agreement (there are precedent programs)

Issues for discussion

- What are the estimates of translational effectiveness outside of the highly motivated DPP populations?
- It would seem that effectiveness will be less in a general population with less motivated individuals, and cost effectiveness will be poorer for structured interventions

Issues for discussion

- Are there alternative approaches that aren't as resource intensive that might effectively support behavioral change in motivated individuals?
 - » Phone-based
 - » Internet-based
 - » Worksite-based
 - » Other

Issues for discussion

- Would public health efforts best be targeted towards:
 - » General education and awareness campaigns, with integrated information on available community and private programs
 - » Community collaborative efforts
 - » Direct services and programs
 - » Combinations of the above?