

Evidence-
Based
Programs to
Jump-start
or Expand
Your
Worksite
Wellness
Efforts



LIVING HEALTHY WORKS.
GOOD&HEALTHY SOUTH DAKOTA WORKPLACES



SOUTH DAKOTA
DIABETES
PROGRAM

TAKE THE
QUIZ!

UNDO *THE* RISK

THERE ARE SOME THINGS YOU CAN'T UNDO.
PREDIABETES YOU CAN.

OVERVIEW



What is Prediabetes?



How does prediabetes affect employees?



How do we bring awareness to prediabetes and prevent diabetes?



What is the National DPP and what impact would it have?

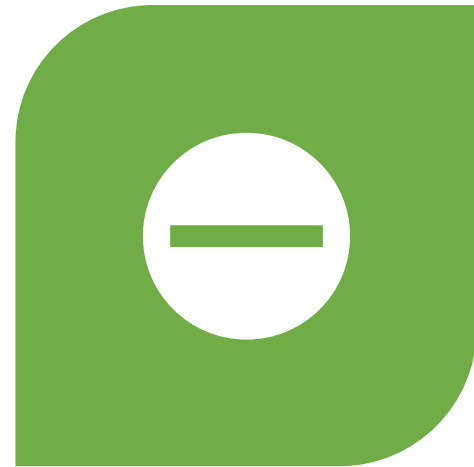


Where can you get resources to Undo *The Risk*?

Poll Question: Do you offer health screenings at your workplace?



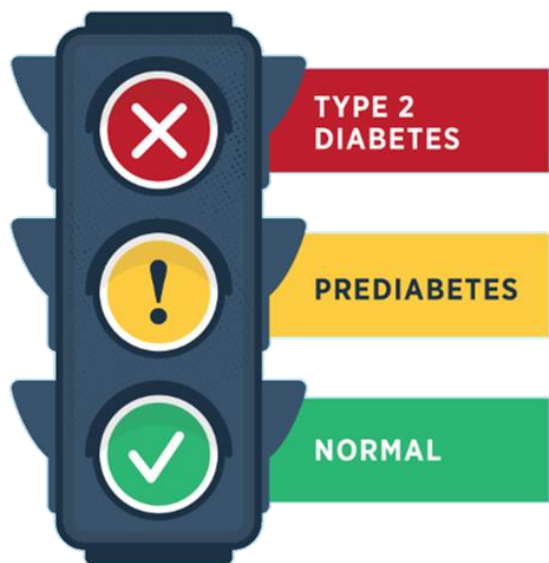
YES



NO

WHAT IS PREDIABETES?

- Prediabetes is when your blood sugar levels are higher than normal but not yet high enough for you to be diagnosed with type 2 diabetes.



	A1C (percent)	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerance Test
Type 2 Diabetes	> 6.5	> 126	> 200
Prediabetes	5.7 – 6.4	100 – 125	140 – 199
Normal	5	< 90	< 139

SOME THINGS
YOU CAN'T UNDO.



PREDIABETES
YOU CAN.

UNDO
THE
RISK

TAKE THE QUIZ

Diabetes Impact Facts:

- Only **1 in 10** people with Prediabetes know they have it.
- Diabetes **doubles** the risk of physical disability
- Diabetes is the **costliest** disease
- Annual medical expenditure for a person with diabetes is **\$16,750**
- Type 2 Diabetes is **preventable!**



SOURCES: Centers for Disease Control and Prevention. National DIABETES STATISTICS REPORT, 2017. ATLANTA, GA., CENTERS FOR DISEASE CONTROL AND PREVENTION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2017.

BOYLE JP, THOMPSON JT, GREGG EW, ET AL. PROJECTIONS OF THE YEAR 2050 BURDEN OF DIABETES IN THE US ADULT POPULATION: DYNAMIC MODELING OF INCIDENCE, MORTALITY, AND PREDIABETES PREVALENCE. POPUL HEALTH METR 2010;8:1–29.

BARDENHEIER BH, LIN J, ZHUO X, ET AL. DISABILITY-FREE LIFE-YEARS LOST AMONG ADULTS AGED ≥50 YEARS, WITH AND WITHOUT DIABETES. DIABETES CARE. 2016;39:1222–1229.

DIELEMAN JL, BARAL R, BIRGER ML, ET AL. U.S. SPENDING ON PERSONAL HEALTH CARE AND PUBLIC HEALTH, 1996–2013. JAMA. 2016;316:2627–2646.

AMERICAN DIABETES ASSOCIATION. ECONOMIC COSTS OF DIABETES IN THE U.S. in 2017. Diabetes Care. 2018;41:917–928.

DIABETES PREVENTION IMPACT TOOLKIT

YOUR RESULTS

COSTS & SAVINGS

Net Cost per Participant



PROGRAM BECOMES
COST-EFFECTIVE AT YEAR

X

This is when net costs for the program and medical costs combined would be lower than medical costs alone without intervention.

Cumulative Medical Costs per Participant

Estimated medical costs for participants in the lifestyle change program would be lower than medical costs with no intervention. At 10 years,



ESTIMATED **SAVINGS PER PARTICIPANT**

\$

XXX



TOTAL SAVINGS ACROSS ALL PARTICIPANTS

\$

XX,XXX

Incremental Cost-Effectiveness Ratios (ICERs)



PROGRAM BECOMES
COST-SAVING AT YEAR

X

This is when quality-adjusted life years gained outweigh the cumulative net cost of the program.

Your Demographics



NUMBER OF **EMPLOYEES**:

X,XXX



RISK GROUP TO PARTICIPATE
IN PROGRAM:

XXXXXXXX XXXXXXXX
XXXXXX



EMPLOYEES TO PARTICIPATE
IN LIFESTYLE CHANGE
PROGRAM (PROJECTED):

XXX

Cumulative Cases of Diabetes

For Projected Participants:



YEARS WITH DIABETES
AVOIDED OVER 10 YEARS:

XX



AVERAGE NUMBER OF DIABETES
CASES PREVENTED EACH YEAR:

XX

The rise in diabetes cases is slower with lifestyle change programs than without intervention. A one-time investment yields sustained results over 10 years.

Cumulative Years of Life Gained

As a result of the lifestyle change program, participants are projected to:



LIVE
LONGER



AVOID SERIOUS
COMPLICATIONS
OF DIABETES

UNDO DIABETES



MANAGE WEIGHT

Set manageable goals and stick to a plan.

Losing just 5–7 percent of your body weight can make the difference in reducing your risk of type 2 diabetes.

Be active, eat healthy, manage your weight.

Start small. Then slowly add changes to your diet and exercise routine. Rome wasn't built in a day.

Keep a food diary to track what you eat.

You don't have to do this alone—work with friends, coworkers, and family members.



GET ACTIVE

Make physical activity a priority.

Ditch the elevator. Take the stairs.

Get at least 2.5 hours of moderately intense activity every week. Taking 30-minute walks 5 days per week is a good goal.

Create an exercise schedule – and then try to stick to it!

Close parking spots are not the best parking spots. Small steps lead to big changes.



EAT HEALTHIER

Cut back on calories and fat.

Roast, broil, grill, steam, or bake. Avoid frying.

Low-fat doesn't mean low-flavor. Spice it up with herbs and spices.

Reading an article about the best fictional princesses? Skip. Reading food labels? Do. Not. Skip.

Work salads into your meal routine. They can be delicious!



QUIT SMOKING

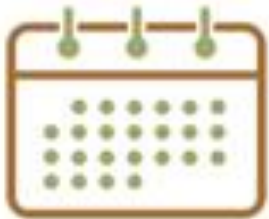
Make a list of all the reasons to quit smoking. (There are a lot!)

Consult with your doctor about treatments or programs that can help.

Try quitting with a friend. Having the support of someone who understands can make a big difference.

For free help with quitting, call 1-866-SD QUIT (1-866-737-8487) or visit sdquitline.com.

NATIONAL DIABETES PREVENTION PROGRAM



SUPPORT FROM TRAINED
PROFESSIONALS FOR A YEAR



PROVEN EFFECTIVE BY
CDC-BACKED SCIENCE

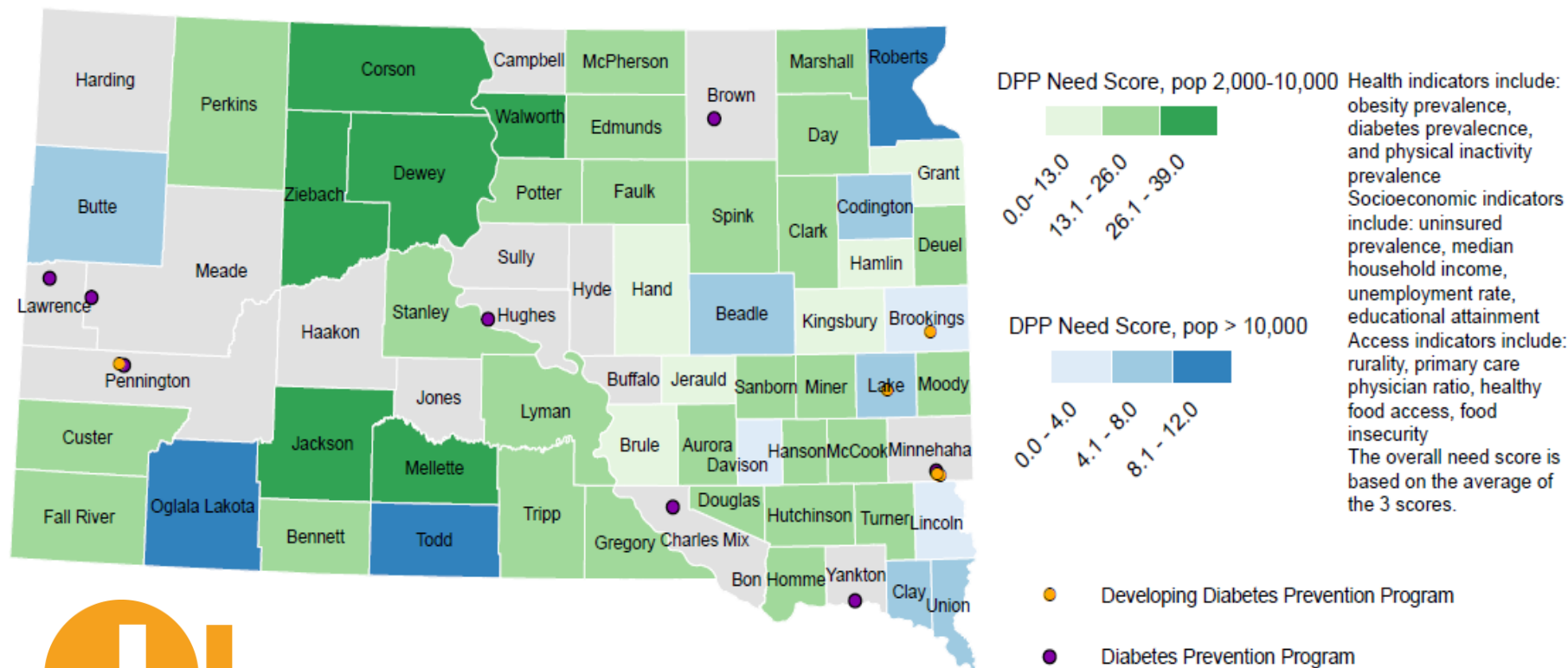


IN-PERSON AND
ONLINE OPTIONS

www.undotherisk.com/find-a-program

Underserved Counties DPP Need

Data Source: US Census Bureau, South Dakota Department of Health, County Health Rankings and Roadmaps. Map created 7/30/19





TAKE THE QUIZ

UNDO ~~THE~~ RISK

THERE ARE SOME THINGS YOU CAN'T UNDO.

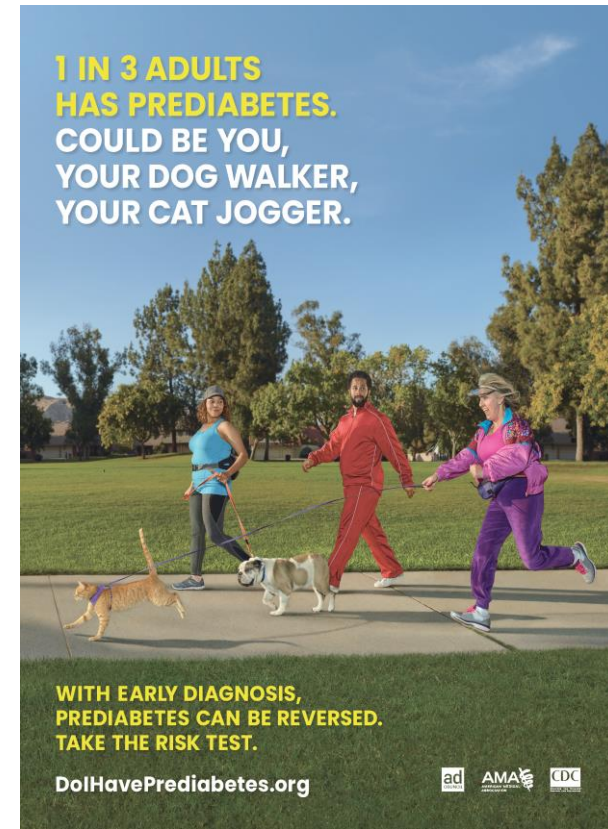
DIABETES PREVENTION AT WORK

- Aware
- Connect
- Cover

1. AWARENESS

Why is it good to know if you have prediabetes and take action to treat it?

- Don't let the “*pre*” in prediabetes fool you.
- Higher risk for developing Type 2 Diabetes and complications.
- Prediabetes can also lead to heart disease, stroke, & other metabolic conditions.



2. CONNECT

- Local program
- Insurance provider
- Worksite Wellness Provider
- Start your own!



Referral form to a diabetes prevention program

Send to: Fax: _____ Email: _____

PATIENT INFORMATION	
First name	
Last name	Address
Health insurance	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	City
Birth date (mm/dd/yy)	State
Email	ZIP code
	Phone

By providing your information above, you authorize your health care practitioner to provide this information to a diabetes prevention program provider, who may in turn use this information to communicate with you regarding its diabetes prevention program.

PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)	
Physician/NP/PA	
Practice contact	Address
Phone	City
Fax	State
	ZIP code

SCREENING INFORMATION	
Body Mass Index (BMI)	(Eligibility = $\geq 24^*$ (≥ 22 if Asian))
Blood test (check one)	Eligible range
<input type="checkbox"/> Hemoglobin A1C	5.7–6.4%
<input type="checkbox"/> Fasting Plasma Glucose	100–125 mg/dL
<input type="checkbox"/> 2-hour plasma glucose (75 gm OGTT)	140–199 mg/dL
Date of blood test (mm/dd/yy):	

Test result (one only)

For Medicare requirements, I will maintain this signed original document in the patient's medical record.

Date	Practitioner signature
	By signing this form, I authorize my physician to disclose my diabetes screening results to the (insert program/organization name here) for the purpose of determining my eligibility for the diabetes prevention program and conducting other activities as permitted by law. I understand that I am not obligated to participate in this diabetes screening program and that this authorization is voluntary. I understand that I may revoke this authorization at any time by notifying my physician in writing. Any revocation will not have an effect on actions taken before my physician received my written revocation.

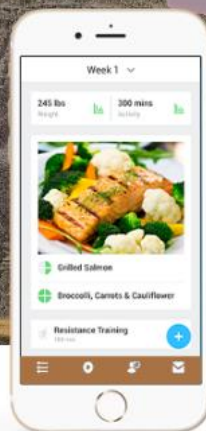
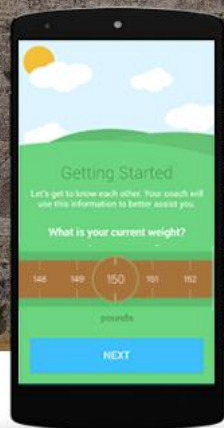
Date	Patient signature

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* These BMI levels reflect eligibility for the National DPP as noted in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures. The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of ≥ 23 for Asian Americans and ≥ 25 for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.

To Undo *the Risk*, Live *Your Best*

Health and Lifestyle Training



www.liveyourbestSD.com

ONLINE DPP delivery platform

Home

Lessons

Messages

Timeline

Community

FAQ

Support

Collapse

Weekly Actions

You have 0 new messages from your coach.



Watch Lesson Videos



Upload Activity Minutes



Upload Current Weight



Upload Food & Drink

Weekly Checklist -Week 69

Watch this weeks lessons

Complete 150 activity minutes

Log your weight for this week

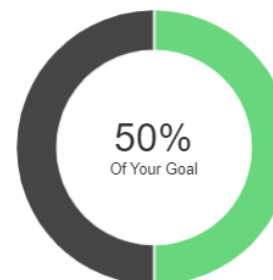
Fitbit

Connect your FITBIT

Weight Loss Progression



Total % of Weight Loss



Starting Weight: 150.0 lbs

Goal Weight: 120.0 lbs

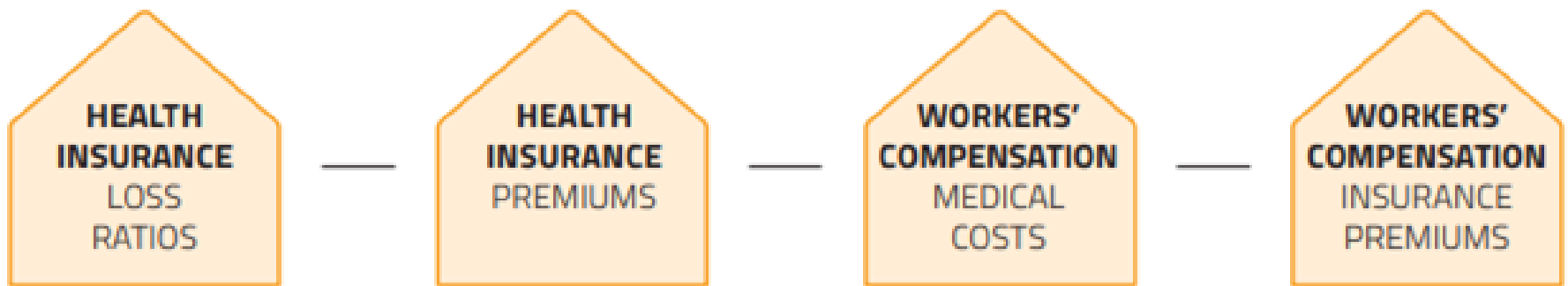
Current Weight: 135.0 lbs

Total Weight Change: -15.0 lbs

<https://vimeo.com/402764763/d2137ffdae>

3. COVER

INFLATED MEDICAL COSTS AFFECT:



COST COMPARISON



KNOW YOUR PLAN

— HOME — YOUR DIABETES — YOUR CARE PLAN — YOUR INSURANCE — FOR PROVIDERS — CONTACT US

**KNOW YOUR
PLAN**
Provider Guide



Your Patients' Steps for Success

- 1 Understand Diabetes
- 2 Develop a Care Plan
- 3 Contact Insurance

KNOW YOUR PLAN

Provider and Clinic Benefits



Primary Care Provider Benefits

- **Quality Measures** - Patients may access additional treatment when they know more about what their insurance plan covers. This will lead to improved quality measures and diabetes care maintenance measures.
- **Outcomes** - Know Your Plan helps patients understand what insurance benefits they are eligible for. This can prepare them to more successfully manage their diabetes.



Clinic Benefits

- **Centralized Resources** - It is difficult for clinic staff to know all the specifics about each insurance provider and plan. Know Your Plan materials provide a quick summary in an easily understood format.
- **Patient Confidence** - Patients feel confident clinic staff understand how to connect them with resources.

Learn more at

www.KnowYourPlanSD.com



University of South Dakota
IHEC
INTERPROFESSIONAL
Health Education Center



Printed June 2019



1 Your Diabetes

2 Your Care Plan

3 **INSURANCE CARD**
CALL CUSTOMER SERVICE
FOR ASSISTANCE
1-800-XXX-XXXX

www.knowyourplansd.com


UNDO THE RISK RESOURCES

- [CDC's National Diabetes Prevention Program Homepage](#)
- [SD Diabetes Coalition](#)
- [SD Prediabetes Awareness Campaign/Risk Test and list of SD Diabetes Prevention Programs](#)
- [Diabetes Impact Calculator](#)



A large orange circle on the left side of the slide, partially cut off by the edge.

Poll Question: What is your next step?

- A. Thanks for the info, but we are good, we don't need DPP
 - B. We are going to find our local DPP and refer our employees at risk!
 - C. We LOVE DPP and will be looking at starting our own or getting our insurance/wellness provider to offer it!
 - D. Not sure yet
- 
- A yellow dashed line in the bottom right corner, consisting of several short, curved segments.



TAKE THE QUIZ

UNDO *THE* RISK

Kayla Magee, RN

Diabetes Program Coordinator

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Walk With Ease

Worksite Chronic Disease Self-Management



Walk With Ease

WWE Program Outcomes:

- Reduce arthritis symptoms **such as pain**, stiffness, and fatigue
- Improve strength, balance, and walking pace
- Reduce disability
- Increase confidence in the ability to manage arthritis

Adults **with arthritis**

Adults **who don't have arthritis**

Range from beginners to physically fit
Participants able to be on their feet for 10 minutes without increased pain



- **6-week** walking program with 1 hour sessions
- Offered in **group-led** or **self-directed** format

WWE Program Goals

- Learn how to exercise safely and comfortably
- Use methods to make walking fun
- Develop and implement a doable personal walking plan with realistic goals for improved fitness
- Gather tips, strategies and resources that will help participants maintain a long term exercise routine
- Learn about other programs and resources that help participants keep up their walking

Program Structure

① Self-Guided



② Instructor-led Group



Instructor- Led Program Structure

- 6-week program that meets 3 times a week
 - Class sessions are about 1 hour
 - *Key Program Components:* Health Education and Group Sharing, Walking, Stretching and Motivational Strategies

Train a Walk With Ease leader in your worksite (*at no cost to your worksite*) to offer **group-led sessions** with employees throughout the year.

Self-Guided Program Structure

- Implemented and led by SDSU Extension personnel
 - First 15 participants and participant workbooks at no cost for employees (*additional cost to purchase workbooks for groups larger than 15*)
- ***NEW* Take a Step & Walk With Ease Self-Guided Sessions**
 - Implemented and led by SDSU Extension personnel
 - Weekly Zoom Sessions led by trained Walk With Ease Leaders



TAKE A STEP & WALK WITH EASE

Online 6-week walking program aimed at helping individuals start or maintain a personalized walking program. This self-guided program is done all online, with weekly e-mail correspondence and the opportunity to join a live Zoom session each week.

Benefits to you:

- Participate in weekly educational Zoom sessions with a Certified Walk With Ease Leader
- Set individualized walking goals
- Motivate yourself to get in shape
- Walk safely and comfortably
- Improve flexibility strength and stamina
- Reduce pain and feel great

Benefits to your worksite

- **Ongoing technical assistance** by SDSU Extension staff
 - scheduling workshops, participant recruitment and implementation of workshops
- The first 15 participant workbooks at no cost for employees
 - *additional cost to purchase workbooks for groups larger than 15*
- SDSU Extension will provide **worksite level reports** (*as requested*)
- **Success stories** shared from participating employees
- **Evidence-based program**, easy to integrate into current Worksite Wellness programming (or a great way to kickstart your wellness initiatives!)



What participants are saying about Walk With Ease?

"Feeling better and building friendships are two of the main program incentives of Walk With Ease."

"It gave me a lift for the day – not only physically, but in my mood, too."

"I'm so glad I started walking. I find it to be good for everything. It lowers my blood pressure, my back is better and my glucose level is better. It simply improves everything."

"We've loved this walking program, we feel like we have a safe, judgement free environment to walk"

Worksite Chronic Disease Self-Management



MAKE **FEELING GOOD** YOUR
TOP PRIORITY



Better Choices, Better Health® SD Worksites

- Small-Group Workshop
- 1 hr, twice a week for 6-weeks
- Facilitated by 2 trained BCBH® SD Leaders
- Employer supported & held on work time
- **Format:** In-person | Virtual (Zoom)

Proven Benefits:

- ✓ Increased Productivity
- ✓ Decreased Absenteeism
- ✓ Reduced Healthcare Costs
- ✓ Improved Overall Health & Well-Being

***Our goal is to help employers create a
happier, healthier place of work!***

Expectations & Benefits for Employers

- Requires employer support
- Managing physical & mental health & wellness in the workplace
- Coordinate with current worksite wellness programming
- Return on Investment
 - Improved employee health and well-being, lower medical costs, increased productivity, better work performance, & reduce absenteeism

BCBH-SD Distance Learning Program Delivery- Take Charge! Live Healthy! From Anywhere!



To Register, Refer, Recommend, and to find out more -
call **1-888-484-3800** or go to

www.BetterChoicesBetterHealthSD.org

<https://extension.sdstate.edu>



Worksite Opportunity

Two worksites to implement wCDSMP this fall



Three worksites to implement Walk With Ease this fall





Nikki Prosch, MS, PAPHS, EIM, 200 RYT
Health & Physical Activity Field Specialist II
Fit & Strong and Walk With Ease Co-Program Coordinator
605-688-6409; 605-882-5140
nikki.prosch@sdstate.edu





CARDIAC READY COMMUNITIES PROGRAM

A CLOSER LOOK



CARDIAC READY COMMUNITIES PROGRAM

Chain of Survival

- Early recognition of cardiac emergency and activation of the emergency response system
- Early CPR with an emphasis on high-quality chest compressions
- Rapid defibrillation
- Effective basic and advanced emergency medical services (EMS)
- Advanced life support and post-cardiac arrest care



Focus Areas:

1. Community Leadership
2. Community Awareness Campaign
3. Community Blood Pressure Control Program
4. CPR and AED Training
5. Public Access AED Locations
6. EMS Dispatching Program
7. EMS Services
8. Hospital Services
9. CRC Program Evaluation and Sustainability

**Based on the American Heart Association Chain of Survival*

BECOMING A CARDIAC READY COMMUNITY (CRC)

- The community will work with the South Dakota Department of Health Heart Disease and Stroke Prevention Program to achieve Cardiac Ready Community Designation
- A minimum score must be achieved in each of the 9 focus areas in order to receive designation



IMPLEMENTATION CHECKLIST

- ✓ Build a Support Team
- ✓ Identify a Champion
- ✓ Submit Letter of Intent
- ✓ Complete an Initial Assessment
- ✓ Select a Focus Area and Create an Action Plan
- ✓ Promote Your Efforts
- ✓ Monitor and Evaluate Progress
- ✓ Select Additional Focus Areas and Repeat
- ✓ Complete and Submit CRC Designation Application
- ✓ Final Meeting with DOH

☐ Submit Letter of Intent

After establishing the CRC Support Team and identifying a champion, the next step is to submit your CRC Letter of Intent:

It is the intention of the community of _____
to obtain designation as a South Dakota Cardiac Ready Community.

We have chosen _____
as the lead organization to oversee our effort towards our Cardiac Ready Communities
Designation.

The chair/chairpersons for our Cardiac Ready Communities Program will be:

Name(s): _____

Address: _____

Contact Number(s): _____

E-Mail(s): _____

RESOURCES

Program Guide

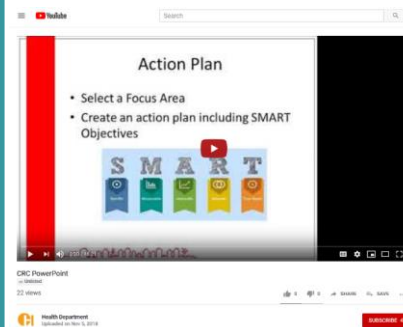
https://doh.sd.gov/documents/diseases/chronic/CRC_ProgramGuide.pdf

South Dakota Cardiac Ready Communities Program Guide



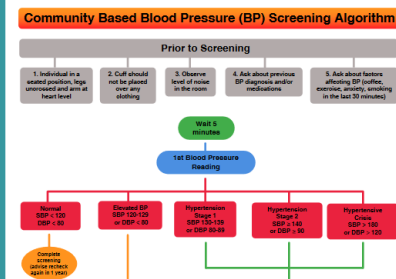
Webinar Recording

<https://www.youtube.com/watch?v=gTBfJDdCD7Q&feature=youtu.be>



Screening Algorithm

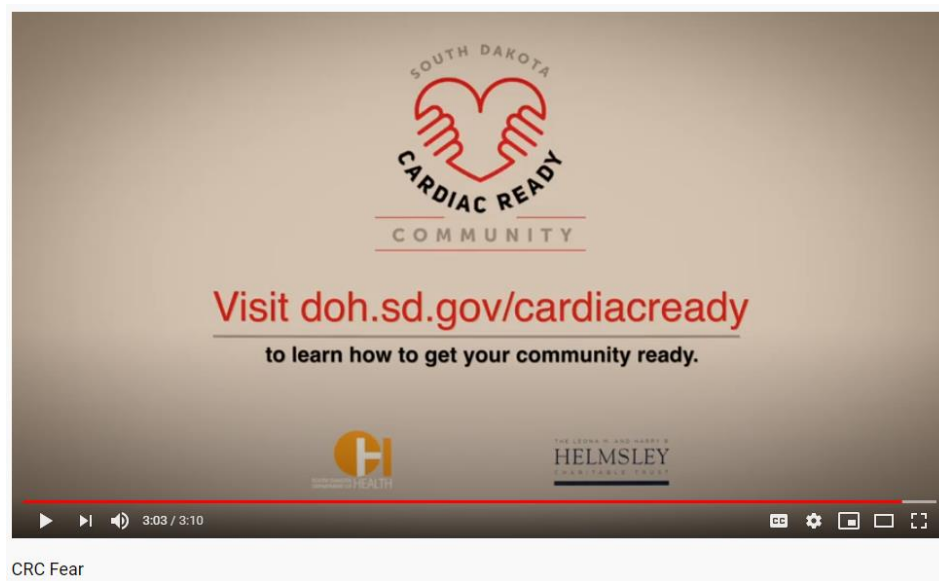
<https://doh.sd.gov/documents/diseases/chronic/CommunityBasedBloodPressureScreeningAlgorithm.pdf>



Weblink

<https://doh.sd.gov/diseases/chronic/heartdisease/cardiareadycommunities.aspx>





https://www.youtube.com/watch?time_continue=176&v=a4mANYXhPoE&feature=emb_title



TO LEARN MORE...

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