In 2000, 4.9 percent of Nebraskans reported having diagnosed diabetes. In 2015, this number grew to 8.8 percent (167,200 Nebraskans). Some of this is attributed to increased efforts toward earlier identification and diagnosis. However, other contributing factors such as the increased prevalence of obesity is likely playing a large role in the increased rate of diabetes in our state. The Centers for Disease Control and Prevention (CDC) estimates that approximately 29 million Americans have diabetes and 86 million (1 in 3 people) have prediabetes. The good news is that some risk factors are potentially reversible.

**PERCENTAGE OF NEBRASKANS DIAGNOSED WITH DIABETES**

<table>
<thead>
<tr>
<th>Year</th>
<th>Nebraska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>6.5</td>
<td>5.2</td>
</tr>
<tr>
<td>2002</td>
<td>6.5</td>
<td>5.5</td>
</tr>
<tr>
<td>2003</td>
<td>7.1</td>
<td>6.4</td>
</tr>
<tr>
<td>2004</td>
<td>7.3</td>
<td>6.3</td>
</tr>
<tr>
<td>2005</td>
<td>7.3</td>
<td>6.3</td>
</tr>
<tr>
<td>2006</td>
<td>7.5</td>
<td>6.3</td>
</tr>
<tr>
<td>2007</td>
<td>8</td>
<td>7.1</td>
</tr>
<tr>
<td>2008</td>
<td>8.3</td>
<td>7.7</td>
</tr>
<tr>
<td>2009</td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td>2010</td>
<td>9.5</td>
<td>9.4</td>
</tr>
<tr>
<td>2011</td>
<td>9.7</td>
<td>9.3</td>
</tr>
<tr>
<td>2012</td>
<td>9.7</td>
<td>9.1</td>
</tr>
<tr>
<td>2013</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>2014</td>
<td>11</td>
<td>9.8</td>
</tr>
<tr>
<td>2015</td>
<td>9.9</td>
<td>9.8</td>
</tr>
</tbody>
</table>

**THE FINANCIAL BURDEN OF DIABETES**

People with diagnosed diabetes incur medical expenditures that are approximately 2.3 times higher on average than what expenditures would be in the absence of diabetes; that equates to an average of $13,700 of expenditures per year for diabetics. Of that, about $7,900 is directly due to the disease. Two large factors contributing to increased costs are lack of patient control and improper monitoring of the disease. In fact, only 2 percent of diagnosed diabetics have appropriate control.

The largest components of medical expenditures are:

- Hospital inpatient care (43% of the total medical cost)
- Prescription medications to treat complications of diabetes (18%)
- Anti-diabetic agents and diabetes supplies (12%)
- Physician office visits (9%)
- Nursing/residential facility stays (8%).

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1. Centers for Disease Control and Prevention, BFRSS Prevalence Data & Nebraska Dept. of Health and Human Services
People with diabetes take much longer to heal from illness and injury than those that do not have diabetes. Thus, minor injuries may become more severe. In Nebraska, employers have seven days to get an employee back to work before a workers’ compensation claim contributes to the insurance modification rate (indemnity). In a 10-year study completed by the National Commission on Compensation Insurance, the average cost of an injury without a chronic disease is approximately $2,400. This increases to $12,000–$15,000 for people with diabetes resulting from lost work due to increased healing time.

CLAIMS WITH A COMORBIDITY DIAGNOSIS ARE GENERALLY MORE COSTLY THAN OTHER CLAIMS

Transactions Indicating a Comorbidity Diagnosis

All Other Transactions

Per-Claim Medical Cost

Injury Years 1996 through 2007
Relative Service Years 1 through 4
All Claims includes claims with and without a comorbidity diagnosis
A Claim is considered to be a comorbidity claim if its first comorbidity diagnosis occurs within 12 months after injury
Analysis based on sample data provided by carriers for all US states and DC except ND, OH, WA, WV, and WY
Diabetes increases risk for several serious conditions, including: eye complications, nerve damage, heart disease, high blood pressure, kidney disease, stroke and skin problems.

WHY PREVENTION AND CONTROL MATTERS

The bigger picture is often hidden beneath the surface. Take an iceberg, for example. The tip, the part above water, represents the 29 million people with diabetes. The part underneath the surface represents the 86 million individuals that have prediabetes. This often goes undetected as 9 out of 10 individuals with prediabetes are unaware of their condition.

THE BIG PICTURE

29 MILLION

VS

86 MILLION

3 Center for Disease Control and Prevention
TWO OPPORTUNITIES

There are two programs that can help employers address diabetes and prediabetes at the worksite.

1. DIABETES SELF-MANAGEMENT EDUCATION (DSME)
   - Refers to programs for people that have been diagnosed with diabetes. These programs help people “control” their blood sugar and manage medications to live a high-quality life with diabetes.

2. NATIONAL DIABETES PREVENTION PROGRAM (NATIONAL DPP)
   - Refers to programs for people with prediabetes. This program helps individuals that have demonstrated blood sugar readings above average, but not high enough to be diagnosed with diabetes. This group can reverse their risk and possibly NEVER be diagnosed with diabetes.

THE WORKSITE DIABETES TOOLKIT

On average, Americans spend 36 percent of their total waking hours at work. Therefore, worksites are a prime venue for promoting and supporting healthy lifestyle habits for employees. Programs have achieved a rate of return on investment ranging from $3–$15 for each dollar invested with savings realized within 12–18 months.¹

The Nebraska Diabetes Worksite Toolkit is designed to support the Worksite Wellness Toolkit. Each section will guide you through user-friendly steps to implement sustainable changes that support the prevention and control of diabetes. There are two parts to this kit:

1. DETERMINING RISK — Organizational and individual data
2. PROGRAM PLAN & RESOURCES — Policy, system and environmental changes to support prevention and control of diabetes. Sample incentive strategies have been provided that are in compliance with the law.

DETERMINING RISK (ASSESSMENT)

There are two ways to assess individual risk for prediabetes and diabetes:

1. BLOOD SCREENING

Many businesses offer onsite health screenings. Be sure to include either a fasting glucose or A1c screening. Diabetes cannot be diagnosed from a one-time fasting glucose screening. The slightest amount of sugar in the blood can alter the results. Even a sip of juice before the screening could skew the numbers. Two elevated fasting glucose readings are more indicative of a problem.

**GUIDELINES FOR FASTING GLUCOSE ARE:**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 100 mg/dL</td>
<td>desirable or normal</td>
</tr>
<tr>
<td>100–124</td>
<td>prediabetes</td>
</tr>
<tr>
<td>125+ (two readings)</td>
<td>diabetes</td>
</tr>
</tbody>
</table>

The A1c screening is a more accurate blood test. This screening is an average of your glucose readings over a three-month period of time, measured in a percentage.

**GUIDELINES FOR A1C ARE:**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5.7%</td>
<td>desirable or normal</td>
</tr>
<tr>
<td>5.7%–6.4%</td>
<td>prediabetes</td>
</tr>
<tr>
<td>6.5% or higher</td>
<td>diabetes</td>
</tr>
</tbody>
</table>

2. SELF-REPORT ASSESSMENT

Self-report assessment: The American Medical Association (AMA) and the CDC have a short assessment that can be used to determine an individual’s risk for prediabetes. The AMA toolkit appears to be more forgiving when factoring in age. To access the assessments, go to:

**AMA TOOL:**

**CDC TOOL:**

If you scored a 5 or higher:

You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

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Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, and Asian Americans and Pacific Islanders.

For more information, visit www.diabetes.org or call 1-800-DIABETES.
If you scored a 5 or higher:
You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Lower Your Risk
The good news is that you can manage your risk for type 2 diabetes. Small steps make a big difference and can help you live a longer, healthier life. If you are at high risk, your first step is to see your doctor to see if additional testing is needed. Visit diabetes.org or call 1-800-DIABETES for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, and Asian Americans and Pacific Islanders.

For more information, visit www.diabetes.org or call 1-800-DIABETES

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### Risk Assessment

**ARE YOU AT RISK FOR TYPE 2 DIABETES?**

1. **How old are you?**
   - Less than 40 years (0 points)
   - 40-49 years (1 point)
   - 50-59 years (2 points)
   - 60 years or older (3 points)

2. **Are you a man or a woman?**
   - Man (1 point) Woman (0 points)

3. **If you are a woman, have you ever been diagnosed with gestational diabetes?**
   - Yes (1 point) No (0 points)

4. **Do you have a mother, father, sister, or brother with diabetes?**
   - Yes (1 point) No (0 points)

5. **Have you ever been diagnosed with high blood pressure?**
   - Yes (1 point) No (0 points)

6. **Are you physically active?**
   - Yes (0 points) No (1 point)

7. **What is your weight status?**
   - (see chart at right)

- **Height**  
  - 4’ 10”  
  - 4’ 11”  
  - 5’ 0”  
  - 5’ 1”  
  - 5’ 2”  
  - 5’ 3”  
  - 5’ 4”  
  - 5’ 5”  
  - 5’ 6”  
  - 5’ 7”  
  - 5’ 8”  
  - 5’ 9”  
  - 5’ 10”  
  - 5’ 11”  
  - 6’ 0”  
  - 6’ 1”  
  - 6’ 2”  
  - 6’ 3”  
  - 6’ 4”  

- **Weight (lbs.)**  
  - 119-142  
  - 124-147  
  - 128-152  
  - 132-157  
  - 136-163  
  - 141-168  
  - 145-173  
  - 150-179  
  - 155-185  
  - 159-190  
  - 164-196  
  - 169-202  
  - 174-208  
  - 179-214  
  - 184-220  
  - 189-226  
  - 194-232  
  - 200-239  
  - 205-245

- **Calculate your score:**
  - 0 points = Less than 40 years
  - 1 point = 40-49 years
  - 2 points = 50-59 years
  - 3 points = 60 years or older
  - 1 point = Male
  - 0 points = Female
  - 1 point = Gestational diabetes
  - 0 points = No history of diabetes in family
  - 1 point = High blood pressure
  - 1 point = Not active
  - 0 points = Normal weight
  - 0-2 points = Underweight
  - 3-5 points = Normal weight
  - 6-8 points = Overweight
  - 9-11 points = Obese

**Lower Your Risk**

The good news is that you can manage your risk for type 2 diabetes. Small steps make a big difference and can help you live a longer, healthier life. If you are at high risk, your first step is to see your doctor to see if additional testing is needed. Visit diabetes.org or call 1-800-DIABETES for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, and Asian Americans and Pacific Islanders.

For more information, visit www.diabetes.org or call 1-800-DIABETES

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The Centers for Disease Control and Prevention has created the CDC Worksite Health Scorecard to help businesses look at policy, system and environmental control areas. There is a section for diabetes. To access the full online scorecard, go to:

http://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html

Leadership support is essential to all successful programs. People with diabetes need to have the flexibility to test their blood sugar often and treat when necessary. Leadership may support this by building in policies and practices to support hiring and management of diabetes. Clear communication to mid-level supervisors regarding periodic short leave time (2–3 minutes) for testing should be provided and written in the employee policy manual.

The key to prevention and control of diabetes is weight management and physical activity. Use the CDC Worksite Scorecard to determine your areas of deficiency in nutrition, weight control, physical activity and diabetes that may benefit employees. For example, one onsite or online learning environment is the National Diabetes Prevention Program (National DPP). This is a great self-management program that has a proven success rate of reversing prediabetes risk by 58 percent! National DPP is taught in a one-year group class environment. National DPP reviews all areas around prediabetes prevention such as weight loss, stress management, physical activity, sleep and much more. The goal of the program is to lose 5 to 7 percent body weight and obtain 150 minutes of physical activity per week by the end of the first 16 weeks. The rest of the year is dedicated to maintenance of the behaviors learned in the core part of the program. Nebraska has several National DPP providers. Go to https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=NE to find classes in your area.

There are online programs for businesses that have employees in other states or countries. See the resources section for more information.

(diabetes continued on next page)
PROGRAMS (CONTINUED)

DIABETES:

Diabetes self-management programs are highly recommended for anyone with diabetes. The treatment of diabetes has been changing so rapidly over the years that even individuals diagnosed several years ago should participate in a new class every 3 to 5 years. For example, no longer do people with diabetes have to eat at specific times of the day. New medication has allowed for much more flexibility in today’s management of diabetes. Several hospitals and local clinics provide these classes and insurance often covers the expense. Additional online programs are now becoming available with 24/7 monitoring to intervene with a patient that has extreme low or high blood sugar. These are exciting safeguards that can prevent your employees from needing emergency care. Check with your insurance broker for more details about these programs.

Diabetes self-management providers may be accessed using the following links:

- **American Diabetes Association (ADA) Recognized Programs**
  http://professional.diabetes.org/erp_list?field_erp_state_value=NE&=Apply

- **American Association of Diabetes Educators (AADE) Accredited Programs**
  https://nf01.diabeteseducator.org/eweb/DynamicPage.aspx?WebKey=e831e862-f94b-4ff9-8fd6-6e5631272d4

There are several ways to build an incentive strategy to encourage control and prevention of diabetes. Businesses should link wellness to benefit plan design and performance metrics. Incentives can be very tricky and are subject to several laws including the Affordable Care Act, the Health Information Portability and Accountability Act, and the Genetic Information Nondisclosure Act. There are two kinds of incentive classifications:

1) **PARTICIPATORY:** health outcomes are not required, just participation

2) **HEALTH CONTINGENT:** incentives are based on health outcomes/screening information

The government regulates the amount that you can discount health insurance premiums or contribute to health savings. In general, you can have up to a 30 percent differential in premiums or health savings contributions based on health outcomes. This calculation is based off the individual premiums. For example, if the individual premium cost is $500, a 30 percent discount is $150 off any health plan within the same organization including family policies. The law specifies that individuals that do not fit the discount criteria be given a 12-month retroactive opportunity to either meet that criteria or a reasonable alternative standard. Please refer to the Affordable Care Act to review incentive standards. A couple sample incentive strategies are included.

Most businesses choose to cover the cost of the program or subsidize the cost of National DPP, but have attendance expectations of their people. Some employers ask employees to pay up front. Employees are then reimbursed for the class after attendance requirements have been met. Three Nebraska businesses demonstrate best practice of implementing a value-based payment program in the included case studies.

Another value-based benefit design is the support of pharmaceutical agents and diabetes self-management education. Risk for complications with diabetes have improved over the past 20 years with early identification, education and advancements in medications. Better control is essential to quality and longevity of life. This is important, as businesses should support spending resources on pharmacy and education to avoid costly medical expenditures.
NEBRASKA RESOURCES TO SUPPORT IMPLEMENTATION:

NATIONAL DPP CLASS LISTING:

The CDC Recognition Program assures that all National DPP providers meet specific quality and outcomes expectations. A complete list of Nebraska National DPP providers can be found at [https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=NE](https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=NE)

The above listings are programs that offer face-to-face learning. An online program is also available for businesses that have employees in many locations. To learn about on-line programs, go to [https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=OTH](https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=OTH)

Other Nebraska resources are available to support efforts that help people at risk for diabetes or currently managing diabetes. Local experts from public health, County Extension Offices, local hospitals/health systems and diabetes self-management providers also provide a wealth of programs and services across Nebraska.

LOCAL PUBLIC HEALTH DEPARTMENTS:

[http://dhhs.ne.gov/publichealth/Documents/Contacts.pdf](http://dhhs.ne.gov/publichealth/Documents/Contacts.pdf)

COUNTY EXTENSION OFFICES:

[http://epd.unl.edu/list.php?u=2](http://epd.unl.edu/list.php?u=2)

LOCAL HOSPITALS

[http://dhhs.ne.gov/publichealth/Documents/Hospital%20Roster.pdf](http://dhhs.ne.gov/publichealth/Documents/Hospital%20Roster.pdf)

DIABETES SELF-MANAGEMENT PROVIDERS

American Diabetes Association (ADA) Recognized Programs
[http://professional.diabetes.org/erp_list?field_erp_state_value=NE&=Apply](http://professional.diabetes.org/erp_list?field_erp_state_value=NE&=Apply)

American Association of Diabetes Educators (AADE) Accredited Programs

ADDITIONAL WORKSITE RESOURCES:

**THE EVIDENCE-BASED TOOLKIT:** [www.worksitewellness.ne.gov](http://www.worksitewellness.ne.gov)

**BEVERAGE GUIDE LINK:** [http://www.healthylincoln.org/initiatives/bevinit/healthybeveragesworkplace.html](http://www.healthylincoln.org/initiatives/bevinit/healthybeveragesworkplace.html)

**A WALK-IT GUIDE (OMAHA) LINK:** Contact WELLCOM at (402) 934-5795 for more info

**TOBACCO RESOURCES:** [QuitNow.ne.gov](http://QuitNow.ne.gov)

**NEBRASKA SAFETY COUNCIL/WORKWELL:** [www.nesafetycouncil.org](http://www.nesafetycouncil.org)

**PANHANDLE WORKSITE WELLNESS COUNCIL:** [www.pphd.org/pwwc](http://www.pphd.org/pwwc)

**WELLNESS COUNCILS OF THE MIDLANDS:** [www.elevatingwellness.org](http://www.elevatingwellness.org)

**CDC WORKSITE HEALTH SCORECARD:** [http://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html](http://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html)
NAME OF ORGANIZATION: Box Butte General Hospital
NUMBER OF EMPLOYEES: 275
TYPE OF INDUSTRY: Non Profit/Critical Access/County Hospital
NUMBER OF SHIFTS: 2
PERCENTAGE OF EMPLOYEES WITH DIAGNOSED DIABETES: Unknown
PERCENTAGE OF EMPLOYEES WITH PREDIABETES: Actual diagnosis is unknown. However, BMI status and fasting glucose levels obtained in biometric screenings of our employees suggest that slightly less than one-third of our employee are at risk to developing prediabetes and diabetes.

NATIONAL DPP PROVIDER(S): We received partial funding and training through the local health department. Our classes offered to our employees and community members are instructed by our own trained lifestyle coaches, knowledgeable in this area of expertise. Instructors include the Wellness Coordinator (health coach, exercise physiology, and behavior change background) and our on-site dietician (nutrition, dietetics, and diabetic educator background). This instruction model is used because the difference in instructor backgrounds complements the curriculum as it is written and intended to be taught.
COST OF PROGRAM TO EMPLOYEE: $0 (for employees and community members)

COST OF PROGRAM TO EMPLOYER: Not calculated. In addition to the $1,500 subsidy grant from our local health department and the materials they provide, our organization offers instructor compensation, advertising and promotion, and classroom space as an “in kind” donation for the program. Regardless of cost, our organization and the lifestyle coaching staff is committed to the proven sustainability that the class teaches, and we are committed to continually offering this class to both the community and our employees.

HOW LONG HAS YOUR ORGANIZATION BEEN OFFERING NATIONAL DPP FOR EMPLOYEES? 4 years

HOW DO YOU IDENTIFY YOUR NATIONAL DPP PARTICIPANTS? We work closely with our clinic to get as many prediabetic referrals as possible. In addition, we market the program through media outlets, and promote the class as a lifestyle change program that is slow moving, evidence based, and sustainable for lifestyle change. Once we get a group that is fully motivated to commit to the year-long program, we offer free fasting glucose screens to all participants to determine whether participants are at risk for developing prediabetes or diabetes. Many of our participants are unaware if they have prediabetes and are motivated to participate in the class to achieve weight loss. Identifying if they have a glucose level that is reflective of prediabetes helps motivate them further and helps us target the appropriate sample of people.

DOES YOUR COMPANY OFFER AN INCENTIVE TO PARTICIPATE IN NATIONAL DPP, AND IF SO, WHAT? (EXAMPLE: INSURANCE PREMIUM DISCOUNT, HEALTH SAVINGS ACCOUNT CONTRIBUTION, ETC.) We offer incentives that are associated with our current employee wellness program, but there is no “extra” incentive for participation or completion of the program.

If a participant meets the goals of the program (loss of at least five percent of initial weight, 150 minutes of physical activity per week, and attends class) they receive the full amount of “wellness events” points (1,400) built into our reasonable alternative standard for our wellness program. The reasonable alternative standard is designed for our employees to reach maximum financial incentives even though they may not be considered “healthy” by the standards that we use for our health outcomes benchmark. If employees do not use this class as a method, they have to participate in other evidence-based programs offered exclusively to employees that are developed by myself as the wellness coordinator. These programs are typically shorter in time frame and more specifically focused on weight management, physical activity, or nutrition. Employees have the option of participating in more of these events to reach the 1,400 point requirement rather than just making a year-long commitment to the more inclusive National DPP.

The points system is only one half of our reasonable alternative standard, the other half being health improvement. If an employee only meets the point system requirement, they will only receive a portion of the maximum financial incentive. If an employee also has a health status improvement from one year to the next (based on biometric screening results), they receive the other portion. The maximum incentive is given to employees that have the desired health status (are considered healthy). We find that the points system supports the ultimate goal of being healthy. If an employee completes the program, they receive the participatory incentive of the reasonable alternative standard and often times have a health status improvement from one year to the next.

ARE THERE CLASS ATTENDANCE REQUIREMENTS? IF SO, WHAT? Our attendance requirements reflect what is expected of us to be considered a recognized program by the CDC.

IS CLASS OFFERED ON PAID COMPANY TIME? It is not. We host the class during the lunch hour as it best supports the schedules of community members and our employees.

HOW DO YOU ACCOMMODATE MULTIPLE SHIFTS (IF APPLICABLE)? We do not offer an alternative to the noon hour for our classes. We do, however, offer two classes a year and also offer one-on-one make up sessions with our participants.

PLEASE SHARE ANY APPLICABLE OUTCOMES FROM YOUR PROGRAM: The first completed class with 23 participants were able to boast a total of 380 pounds lost for an average class weight loss of 10.7 percent (CDC expects 5–7 percent). In addition, 99.6 percent of the participants documented physical activity on a weekly basis.

LESSONS LEARNED OR THINGS THAT YOU WOULD CHANGE (I.E. TIPS FOR SUCCESS, WAYS TO AVOID BARRIERS): The biggest lesson learned and one of our best contributing factors to the success that we have had is getting away from the “diabetes” and “prediabetes” terms in marketing the class. We had increased participation when we marketed with terms like “lifestyle change,” “sustainable weight loss,” “realistic weight goals,” or “behavior modification.” This promotion also led to greater attendance throughout the program, better results, more invested participants, and a group dynamic that was contributory to the class.

On that same note, one of the barriers to improving people’s lives when they are ready is making this class about a chronic disease. We found that people thought they could not participate because they were not diagnosed as prediabetic or diabetic. In reality, this program is for anyone who is looking to make a sustainable lifestyle change that will improve their overall long-term health.
NAME OF ORGANIZATION: Bryan Health
NUMBER OF EMPLOYEES: 4585
TYPE OF INDUSTRY: Health Care
NUMBER OF SHIFTS: 3
PERCENTAGE OF EMPLOYEES WITH DIAGNOSED DIABETES: 4.89%
PERCENTAGE OF EMPLOYEES WITH PREDIABETES: 12.83%
NATIONAL DPP PROVIDER(S): Bryan Health Diabetes Center
PROGRAM COORDINATOR: Kathy Helmink, RN CDE (kathy.helmink@bryanhealth.org)
COST OF PROGRAM TO EMPLOYEE: $0
COST OF PROGRAM TO EMPLOYER: $275
HOW LONG HAS YOUR ORGANIZATION BEEN OFFERING NATIONAL DPP FOR EMPLOYEES? 2 years
HOW DO YOU IDENTIFY YOUR NATIONAL DPP PARTICIPANTS? Third party vendors.
DOES YOUR COMPANY OFFER AN INCENTIVE TO PARTICIPATE IN NATIONAL DPP AND IF SO WHAT? (EXAMPLE: INSURANCE PREMIUM DISCOUNT, HEALTH SAVINGS ACCOUNT CONTRIBUTION, ETC.) No cost to employee when requirements are met
ARE THERE CLASS ATTENDANCE REQUIREMENTS? IF SO, WHAT? Attend 12 of 16 core sessions (first 6 months of program) Attend 6 of 8 class post core sessions (last 6 months of program)
IS CLASS OFFERED ON PAID COMPANY TIME? Not currently
HOW DO YOU ACCOMMODATE MULTIPLE SHIFTS (IF APPLICABLE)? We offer classes several times a week at various hours of the day, onsite at our 2 main campuses as well as at our Diabetes Center.

PLEASE SHARE ANY APPLICABLE OUTCOMES FROM YOUR PROGRAM: In the workplace, research shows a decrease in medical claims, increased work productivity and an improved overall well-being among participants of the National Diabetes Prevention Program. Self-reported data among Bryan Diabetes Prevention participants is collected pre- and post-program with improved well-being reported by participants.

Documented results show a reduction in not only fasting blood glucose levels and HemA1C, (a three-month average of blood glucose) but also a decrease in cholesterol and triglyceride levels among participants. This is significant, as a reduction in lipid profiles will also reduce cardiovascular risk.

After participation in the Diabetes Prevention Program, participants on diabetes medication for treatment of prediabetes were able to discontinue these medications.

Bryan began offering this program in 2015 and reports participant data collected to the CDC (Centers of Disease Control/program credentialing body). Several requirements must be met prior to becoming a recognized program. This is a three-year credentialing process that ensures employers and participants of the quality of the Bryan program. First year data submitted by Bryan showed an average weight loss of 5.6 percent in the first six months of the core phase of the program.

LESSONS LEARNED OR THINGS THAT YOU WOULD CHANGE.

Tips for success:

Before implementation of Diabetes Prevention Program, it is important to evaluate the readiness of change among both employer and employee participants. The Diabetes Prevention Program is a research based, year-long, lifestyle change program. This is an enormous commitment for all parties. Lifestyle change does not happen overnight. We have found that the length of the program has been both a positive and a negative. A year provides accountability and motivation for sustainable change to occur and be maintained. However, a year is a long time and for some participants the length of this commitment has been a deterrent.

Prior to offering this program, employers must determine the best method of disseminating information to employees in their workplace. The communication piece has been a barrier for Bryan Medical Center due to the large number of employees and is currently something staff is working to improve.

When employers invest in their employees and offer diabetes prevention programming, it sends a clear message that they place a high value on their employees’ health and well-being. It is important for employers to choose an organization that has proven successful in implementing a quality diabetes prevention program that is recognized by the Centers of Disease Control. Bryan has offered diabetes prevention programming for two years.

The benefits in offering the program on-site include employee convenience with no travel time, increased employee camaraderie and accountability among staff. Bryan’s employees benefit from the close proximity of available classes. While employers have the option to cover the entire registration fee, reimbursing employees at the conclusion of the program can be an incentive to encourage participation. Bryan pays for employee participation pending successful completion of the program.
NAME OF ORGANIZATION: Omaha Public Power District (OPPD)
NUMBER OF EMPLOYEES: 2,208 (updated 12/31/2015)
TYPE OF INDUSTRY: Electric utility
NUMBER OF SHIFTS: Numerous
PERCENTAGE OF EMPLOYEES WITH DIAGNOSED DIABETES: Unavailable
PERCENTAGE OF EMPLOYEES WITH PREDIABETES: Unavailable
NATIONAL DPP PROVIDER(S): Two (YMCA of Greater Omaha and Diabetes Education Center of the Midlands)
COST OF PROGRAM TO EMPLOYEE: Program cost for on-site National DPP program to employee is $199, which can be payroll deducted over four paychecks. Program cost for off-site National DPP program is $299/$100 payroll deduct.
COST OF PROGRAM TO EMPLOYER: Program cost for on-site National DPP program to employer is $230. Program cost of off-site program to employer is $199.
HOW LONG HAS YOUR ORGANIZATION BEEN OFFERING NATIONAL DPP FOR EMPLOYEES?: National DPP classes began on-site at OPPD in March, 2014. OPPD has completed two full National DPP programs.
HOW DO YOU IDENTIFY YOUR NATIONAL DPP PARTICIPANTS?: Participants were marketed to through a variety of communication strategies. Annual health fairs were utilized as a main marketing strategy to share information and serve as an enrollment day. Internal communications were also performed to reach entire employee population to provide awareness and interest in enrolling in programming. Participants were eligible for the National DPP program based on successfully reaching CDC eligibility guidelines.
DOES YOUR COMPANY OFFER AN INCENTIVE TO PARTICIPATE IN NATIONAL DPP, AND IF SO, WHAT? (EXAMPLE: INSURANCE PREMIUM DISCOUNT, HEALTH SAVINGS ACCOUNT CONTRIBUTION, ETC.) Employees are provided a subsidized rate for National DPP program participation. The payment is also structured so that employees could utilize payroll deduct options to help ease upfront costs. The on-site National DPP program (YMCA’s Diabetes Prevention Program) also offered a complimentary household membership to the YMCA of Greater Omaha Association during three months of the program (and would cover membership dues for those who were currently members for those three months), which amounts to a $204 value.
ARE THERE CLASS ATTENDANCE REQUIREMENTS? IF SO, WHAT? Regular attendance is required for the program and employers expect regular attendance from employees who have the program costs subsidized.
IS CLASS OFFERED ON PAID COMPANY TIME? Currently the National DPP program is not offered to employees on company paid time.
HOW DO YOU ACCOMMODATE MULTIPLE SHIFTS (IF APPLICABLE)? Accommodations to multiple shifts are made by offering two different program times for National DPP. Lunch hour and evening hour classes are provided to attempt to serve several different shifts.
PLEASE SHARE ANY APPLICABLE OUTCOMES FROM YOUR PROGRAM: At the conclusion of the first National DPP on-site session, over half of program participants had achieved and maintained the 5–7 weight loss percentage goal. Program participants (two of three) in the current off-site National DPP program have lowered A1c levels to below clinical diagnosis of prediabetes after the conclusion of the first portion of the National DPP program (after 16 weekly sessions). The current on-site National DPP program has several participants who have met the goal weight loss of 5–7 percent and reduced their A1c to normal range (less than 5.7 percent) at the conclusion of the 16 weekly sessions.
LESSONS LEARNED OR THINGS THAT YOU WOULD CHANGE (I.E. TIPS FOR SUCCESS, WAYS TO AVOID BARRIERS): Various barriers were faced in terms of internal marketing and budget allocation changes by worksite’s wellness coordinator. Various shifts, lack of initial organization buy in, and distance of facilities created additional challenges for providing on-site programming. Keys to success for worksite wellness coordinator were multiple National DPP program providers to utilize different programming needs for their employees. Championing of the National DPP program by wellness coordinator was also vital to the success of the program in regards to securing referrals into the program, providing logistical support, and securing subsidies through the organization for employees to participate in the program.
NAME OF ORGANIZATION: Dia-Tec Cloud

NUMBER OF EMPLOYERS USING THE PROGRAM IN NEBRASKA: 8

NUMBER OF EMPLOYEES IN COMPANIES: 22,300

TYPES OF INDUSTRIES: Manufacturing, Higher Education, Utilities, Banking

NUMBER OF SHIFTS: 3

PERCENTAGE OF EMPLOYEES WITH DIAGNOSED DIABETES: Varies by company (typically 4%-8%)

PERCENTAGE OF EMPLOYEES WITH PREDIABETES: Varies by company (typically 35%)

COST OF PROGRAM TO EMPLOYEE: $0

COST OF PROGRAM TO EMPLOYER: Approximately $800 per employee per year (includes unlimited diabetes test strips, unlimited coaching, 24/7 medical oversight and emergency response for hypoglycemia or hyperglycemia.

HOW LONG HAVE THE ORGANIZATIONS BEEN OFFERING DIA-TEC CLOUD FOR EMPLOYEES? Up to one year. Some companies are just getting started.

HOW DO YOU IDENTIFY YOUR DSME PARTICIPANTS? There are two ways to identify participants. The third-party provider, Diabetes Education Center of the Midlands/LIVONGO, will pull claims data from insurance directly for anyone that has filed a claim for diabetes medication, or has a documented diagnosis of diabetes. Arrangements to pull claims are authorized through a business associate agreement between Diabetes Education Center and the client organization. The employer never sees the information as it is sent via secure file to the third-party provider. Companies with fewer than 200 employees use broad-based marketing with self-enrollment to the program. Another option is to pull data from screenings for employees that are not on the benefit plan. Again, a business associate agreement is completed and the third-party provider works with the screening vendor to receive the information.

DOES YOUR COMPANY OFFER AN INCENTIVE TO PARTICIPATE IN DIA-TEC CLOUD AND IF SO, WHAT? The incentive for employees is zero cost for diabetes supplies.

HOW DO YOU ACCOMMODATE MULTIPLE SHIFTS (IF APPLICABLE)? Dia-Tec Cloud uses a cellular enabled glucometer. The third-party provider monitors blood sugars around the clock so the program is available at any time of the day or night. It is also available worldwide with a 3G cellular signal.

PLEASE SHARE ANY APPLICABLE OUTCOMES FROM YOUR PROGRAM: Nationally, the program is boasting a 1% reduction in A1c, potentially saving businesses $1,800 per year in medical costs. If participants engage in the video education programs offered by Diabetes Education Center of the Midlands, there is a potential additional $1,800 in reduced medical costs. Reduction in worker’s compensation could be nearly $10,000 per injury in improved recovery time, and an additional savings of up to 10 days of lost work time per year due to increased absenteeism for people with uncontrolled diabetes.

LESSONS LEARNED OR THINGS THAT YOU WOULD CHANGE (I.E. TIPS FOR SUCCESS, WAYS TO AVOID BARRIERS): It is helpful if businesses use the Dia-Tec Cloud as the reasonable alternative standard requirement for those with diabetes.
**VOLUNTARY ENTRY**

**REQUIRED FOR ENTRY IN TO PROGRAM:**
Completion of on-site screening (Minimum: blood pressure, lipids, glucose)
Completion of health risk appraisal

**INCENTIVE** (earn 2 or more points per quarter = 7.5% discount on premium the following year up to 30% for following year)

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>QUARTER ONE</th>
<th>QUARTER TWO</th>
<th>QUARTER THREE</th>
<th>QUARTER FOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 visits to the gym per quarter = 2 points per quarter</td>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>1000+ activity minutes per quarter (fitness device or electronic log/Map My Walk etc.) = 2 points per qtr.</td>
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<tr>
<td>4 or more hours volunteer work = 1 point per quarter</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>45 day nutrition log via. paper or electronic tracking device = 2 points per quarter</td>
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<td></td>
<td></td>
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<tr>
<td>Annual physical = 1 point per year</td>
<td></td>
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<td>1</td>
<td></td>
</tr>
<tr>
<td>Dental exam = ½ point (credit for up to 2 allowed per year)</td>
<td>1/2</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Participation in multi-week health behavior challenge = 1-2 points per quarter</td>
<td></td>
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<td>1</td>
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<tr>
<td>Behavior Change Class with at least 90% attendance = 2 points per quarter</td>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>• National Diabetes Prevention Program (year-long class)</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>1.5</td>
<td>6</td>
<td>4.5</td>
<td>5</td>
</tr>
<tr>
<td><strong>PREMIUM DISCOUNT EARNED FOR FOLLOWING YEAR</strong></td>
<td>0%</td>
<td>7.5%</td>
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<tr>
<td><strong>TOTAL PREMIUM DISCOUNT FOLLOWING YEAR</strong></td>
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<td>22.5%</td>
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</tbody>
</table>
## Sample Health Contingent Incentive Strategy

### Voluntary Entry
**Required for Entry in to Program:**
Completion of on-site screening (Minimum: blood pressure, lipids, glucose)  
Completion of health risk appraisal

**Incentive** (earn 3 or more points per quarter = 7.5% discount on premium the following year up to 30% for following year)

### Screening Criteria:

<table>
<thead>
<tr>
<th>Waist circumference (inches)</th>
<th>Fasting glucose &lt;100 mg/dl</th>
<th>Triglycerides &lt;150 mg/dl</th>
<th>HDL cholesterol 50+ women mg/dl, 40+ men mg/dl</th>
<th>Blood pressure (both numbers) &lt; 130/85 mm/Hg</th>
<th>PHQ 4 (mental wellbeing) = low risk</th>
<th>Tobacco Free Affidavit Signed</th>
</tr>
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<tbody>
<tr>
<td>&lt;35 women, &lt;40 men</td>
<td>2 points</td>
<td>1 point</td>
<td>1 point</td>
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<td>1 point</td>
<td>2 points</td>
</tr>
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### Table of Activities

<table>
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<tr>
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<th>Quarter Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score of 6 or more on screening (see score criteria above) = 3 points per year</td>
<td>0</td>
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<td>30 visits to the gym per quarter = 2 points per quarter</td>
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<td>1</td>
</tr>
<tr>
<td>Reasonable Alternative Standard for those that did not score 6 or more on Participation in Long Term Behavior Change Class with at least 90% attendance = 3 points per year</td>
<td></td>
<td></td>
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<td>3</td>
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<td>• National Diabetes Prevention Program (year-long class)</td>
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</table>

### Total

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<tr>
<th></th>
<th>Quarter One</th>
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<tr>
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<td>1.5</td>
<td>2</td>
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| Premium Discount Earned for Following Year | 0%       | 7.5%      | 7.5%         | 7.5%         |

| **Total Premium Discount Following Year** | **15%** |

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