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Public Health Practice: Effective Technical Assistance Modalities to Support Chronic Disease Prevention Programming

November 2023

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Analysis in Brief

Stakeholders pursuing Medicaid coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program must engage in intensive and intentional activity. Effective technical assistance (TA) can support stakeholders in reaching the activity level necessary to gain coverage and successfully deliver the program to Medicaid beneficiaries.

The National Association of Chronic Disease Directors (NACDD) and the Centers for Disease Control and Prevention (CDC) provide a variety of TA modalities to promote access and utilization of the National DPP lifestyle change program in Medicaid—focusing on building partnerships between public health and Medicaid, assisting states with systems change, obtaining coverage of the program, and increasing program enrollment. Forty-one states and the District of Columbia participated in at least one TA opportunity from 2016-2023, and many of these states participated in multiple TA offerings.

NACDD partnered with the Kem C. Gardner Policy Institute (Gardner Institute) to conduct individual and group interviews to gather feedback on the usefulness and challenges associated with this TA. This report documents the evolution of NACDD's TA and presents the findings from this qualitative assessment.

This information may be helpful to state health departments and other stakeholders seeking to develop effective TA models and frameworks for advancing and promoting public health initiatives.

Key Findings

Based on the interviews, the Gardner Institute identified five key components of effective TA for Medicaid coverage of the National DPP lifestyle change program. They include:

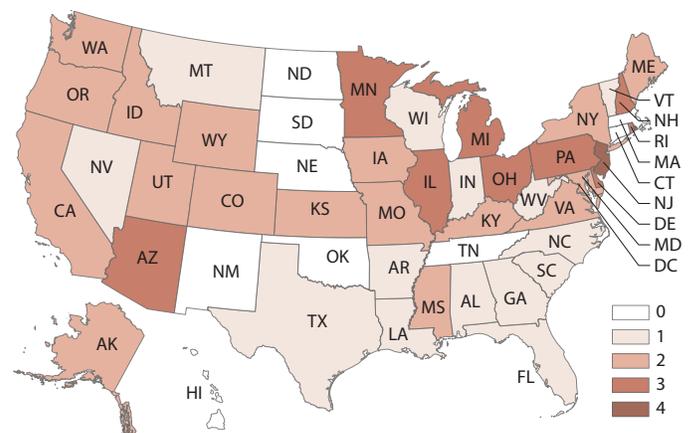
- **Build relationships and trust** – Relationships, rapport, and trust built in the beginning of a TA provider-recipient relationship provide the foundation for the entire experience.
- **Balance individual and group-based TA** – Group-based TA facilitates shared learning and fosters connection; however, having dedicated one-on-one time with TA recipients is also valuable given states' unique circumstances and challenges.

- **Consider recipient workloads and circumstances** – Be clear about the TA's time commitment and expected contributions, but be flexible with these expectations given state public health and Medicaid staff workloads.
- **Be responsive and proactive** – Asking states what they need and responding to those requests help ensure that states' needs are met. TA providers should also be ready to help states identify their needs.
- **Focus on continuous improvement** – Having an evaluator who is frequently assessing TA and providing feedback can help TA providers quickly iterate and adapt within a TA opportunity and adjust future experiences.

Overall, interview participants described NACDD's TA as an evolving, supportive process. They see the specific TA strategies (e.g., didactic, interactive, peer-to-peer) as interconnected pieces that build on and reinforce each other.

NACDD Medicaid Coverage Technical Assistance Participation by State

Number of TA opportunities



Source: National Association of Chronic Disease Directors (NACDD)

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*The **Building Capacity for Public and Private Payer Coverage of the National DPP Lifestyle Change Program** project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$4.3 million for grant year 5** with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.*

Introduction

The National Association of Chronic Disease Directors (NACDD) in partnership with the Centers for Disease Control and Prevention (CDC), has provided technical assistance (TA) opportunities to advance Medicaid coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program since 2016. NACDD's TA provides a platform for stakeholders to come together and seek a sustainable way to offer the National DPP lifestyle change program to Medicaid beneficiaries—a population that is disproportionately impacted by prediabetes and type 2 diabetes.

Forty-one states and the District of Columbia participated in at least one TA opportunity from 2016-2023, and many of these states participated in multiple TA offerings (Figure 2 and Table 1). As of 2023, 27 states and Washington D.C. have Medicaid coverage of the National DPP lifestyle change program and additional states are working toward this goal.

NACDD partnered with the Kem C. Gardner Policy Institute (Gardner Institute) to conduct individual and group interviews to gather feedback on the usefulness and challenges associated with TA to advance the National DPP lifestyle change program in Medicaid. This report documents the evolution of NACDD's TA opportunities and presents the findings from this qualitative assessment.

The National Diabetes Prevention Program Lifestyle Change Program and Medicaid Coverage

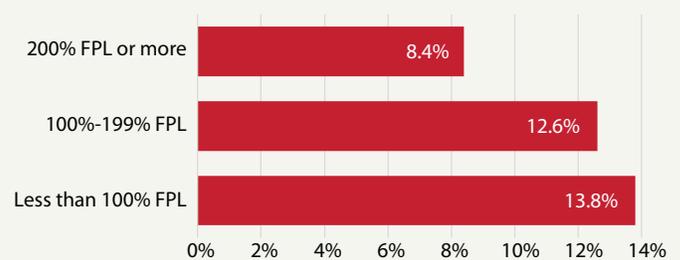
Evidence shows the National DPP lifestyle change program improves participant health and reduces health costs.¹ Obtaining Medicaid coverage for the National DPP lifestyle change program can also help improve health equity and reduce health disparities since Medicaid is the largest insurer (insuring about one in five people in the United States), and a major source of health care coverage for low-income individuals and people from racial and ethnic minority groups. However, obtaining Medicaid coverage and effectively implementing the program requires intensive and intentional activity.

Federal and state governments jointly administer Medicaid. The federal government provides guidelines and outlines mandated benefits. States have some flexibility to determine and administer specific program elements such as details about additional benefits and care delivery. Because the diabetes prevention services offered through the National DPP lifestyle change program are not federally mandated, each state determines whether and how they will cover the program. Stakeholders that have decided to pursue Medicaid coverage of the National DPP lifestyle change program note several challenges that commonly arise with these efforts including state Medicaid agencies and staff being unfamiliar with the program, Medicaid and public health having limited

Income Disparities in Diabetes Prevalence

Diabetes prevalence varies across income levels, with individuals from lower-income households being diagnosed with diabetes at higher rates (Figure 1). Adults with incomes below the poverty line face the highest diabetes prevalence among income groups. Given most Medicaid beneficiaries qualify for Medicaid based on income, this relationship indicates that Medicaid beneficiaries are likely to be disproportionately impacted by diabetes.

Figure 1: U.S. Adult Diabetes Prevalence by Family Income Level, 2022



Note: FPL = Federal Poverty Level
Source: CDC National Health Interview Survey data

The National Diabetes Prevention Program

An estimated 88 million U.S. adults—more than 1 in 3—have prediabetes. Having prediabetes means a person's blood sugar is higher than normal but not high enough to be diagnosed as diabetes. People with prediabetes are at increased risk for type 2 diabetes (the most common type of diabetes), heart disease, and stroke.

To better address the growing problems of prediabetes and type 2 diabetes, Congress authorized the CDC to establish the National Diabetes Prevention Program. This public-private initiative provides the framework for type 2 diabetes prevention efforts in the United States, including developing the National DPP lifestyle change program.

To learn more, the CDC provides comprehensive information and resources on the National Diabetes Prevention Program website:

<https://www.cdc.gov/diabetes/prevention/index.html>

staff time and capacity to engage in efforts to determine how the benefit could be structured, a lack of political or financial support for coverage, and finding effective ways to enroll and retain beneficiaries in the program.

Given these challenges, stakeholders pursuing coverage of the National DPP lifestyle change program must engage in intensive and intentional activity to be successful in their

Table 1: NACDD Medicaid Coverage Technical Assistance Participation by State

State/Territory	Medicaid Demonstration Project (2016-2019)	6 18 Initiative (2017-2021)	Learning Collaborative (2017-2023)*	Intensive Technical Assistance (2019-2021)	Medicaid Beneficiary Enrollment Project (MBEP) (2021-2023)	Case for Coverage (2021-2023)
Alabama						■
Alaska		■				■
Arizona			■		■	■
Arkansas			■			
California		■	■			
Colorado		■	■			
Delaware			■	■	■	
District of Columbia		■	■		■	
Florida						■
Georgia		■				
Idaho						■
Illinois		■	■		■	
Indiana		■				
Iowa			■		■	
Kansas			■		■	
Kentucky		■	■			
Louisiana			■			
Maine			■		■	
Maryland	■	■	■			
Michigan		■	■		■	
Minnesota			■	■	■	
Mississippi						■
Missouri			■		■	
Montana			■			
Nevada		■				
New Hampshire		■	■			■
New Jersey		■	■	■	■	
New York			■	■		
North Carolina		■				
Ohio			■		■	■
Oregon	■		■			
Pennsylvania		■	■	■		
Rhode Island		■	■		■	
South Carolina		■				
Texas			■			
Utah		■	■			
Vermont			■			
Virginia			■		■	
Washington			■		■	
West Virginia			■			
Wisconsin						■
Wyoming		■	■			

*Includes both the virtual learning collaborative and the Medicaid Coverage learning collaborative. Arkansas, Louisiana, Texas, and West Virginia participated only in the virtual learning collaborative from 2017-2018. Nine states (Connecticut, Hawaii, Massachusetts, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Tennessee) have not participated in NACDD TA and are not listed in the table.

Source: National Association of Chronic Disease Directors (NACDD)

on addressing systems challenges related to implementation and evaluation of the National DPP lifestyle change program in Medicaid. Like 6|18, NACDD individualized ITA to focus on meeting unique state needs. Five states participated in the ITA opportunity from 2019 to 2021.

Medicaid Beneficiary Enrollment Project

As more states achieved Medicaid coverage of the National DPP lifestyle change program and the work became more visible to states nationwide, NACDD ascertained that states were generally interested in two common topics: (1) managed care pilots, and (2) umbrella hub arrangements. Managed care pilots focus on improving engagement with managed care organizations (MCOs) and allowing states to test the program and collect population-specific data on its efficacy. Umbrella hub arrangements connect community-based organizations with payment systems for the delivery of the National DPP lifestyle change program and other evidence-based interventions. More specifically, they support subsidiary organizations that deliver the National DPP lifestyle change program with health insurance contracting, billing, and other administrative functions. Both topics support sustainability and focus on operationalization of the benefit.

In response to this interest, NACDD started offering TA through its Medicaid Beneficiary Enrollment Project (MBEP) in 2021. The project established two communities of practice, or opportunities for group-based, shared learnings related to each topic area. This group-based TA allowed states to connect with other states and partners through peer-to-peer learning and gain insight from subject matter experts. Fourteen states and the District of Columbia engaged in the MBEP communities of practice from 2021 to 2023.

Case for Coverage Series

While NACDD and CDC selected the MBEP states based on strategic progress toward or already achieving Medicaid coverage of the National DPP lifestyle change program, NACDD also continued to support states new to the process of considering Medicaid coverage. In 2021, NACDD began concurrently offering a TA opportunity titled “Case for Coverage,” which is a group-based TA experience focused on building partnerships between public health and Medicaid, understanding Medicaid basics and coverage options, and developing and communicating the case for coverage for the National DPP lifestyle change program. Nine states participated in the Case for Coverage TA from 2021 to 2023.

Learning Collaborative

In addition to the aforementioned TA opportunities, NACDD hosted a learning collaborative from 2017 to 2023. The learning collaborative consisted of hosting multiple webinars each year that brought states together to learn from each other and engage in facilitated discussions on topics related to obtaining coverage of the National DPP lifestyle change program and successfully implementing and delivering the benefit. As of 2023, 26 states and the District of Columbia participated in the learning collaborative, including states with Medicaid coverage of the National DPP lifestyle change program and states working toward coverage through managed care partnerships.

Evolution of TA

NACDD's initial TA opportunities centered on providing intensive and individualized support to states. Medicaid coverage of the National DPP lifestyle change program was an innovative concept in 2016, requiring creative solutions, direct support, and strong partnerships between NACDD and its TA participants. There was no clear path or example for states to follow at that time. Additionally, because states can define their own Medicaid benefits (within federal guidelines), each state faces unique questions and circumstances in obtaining Medicaid coverage of the National DPP lifestyle change program. Helping states address these state-specific questions and circumstances required individualized and intensive support from NACDD.

Over time, more states began securing Medicaid coverage of the National DPP lifestyle change program and were able to support other states in their journeys. Consequently, NACDD responded by providing more group-based TA opportunities for states to engage with each other and learn from subject matter experts. NACDD leveraged the learnings from the individual and group-based TA to develop more resources for states and expand content on the Coverage Toolkit.

As more states gained Medicaid coverage, and their focus shifted to enrolling Medicaid beneficiaries into the program, NACDD responded by providing TA to support operationalization, sustainability, and scaling of the program within Medicaid. NACDD continued to provide TA to states working toward coverage while also adapting their TA opportunities to align with these evolving state needs.

Perceptions of Technical Assistance

In Fall 2022 and Spring 2023, NACDD partnered with the Gardner Institute to conduct individual and group interviews with TA recipients and providers to gain perspective on the effectiveness of the TA.² Overall, participants described the TA as an evolving, supportive process. They see the specific TA strategies (e.g., didactic, interactive, peer-to-peer) as interconnected pieces that build on and reinforce each other.

Participants found the TA to be extremely helpful and expressed gratitude for the TA opportunities during the interviews.

More specifically, participants found that the TA helped them connect the dots in knowing who and how to engage with Medicaid and related stakeholders and appreciated how the TA incorporated valuable historical knowledge into the process. They also valued how the TA created a support network of professionals across different departments and states working towards similar goals. The TA helped participants outline necessary tasks and generate feasible timelines. Participants explained they felt they could bring concerns to NACDD during the TA process and appreciated their responsiveness. Key takeaways from the interviews are below.

Relationship Building

NACDD's TA opportunities helped build relationships between public health, Medicaid, and other partners. The TA offered participants language and strategies to communicate across sectors, mainly between state public health departments and Medicaid and Medicaid MCOs. For example, the TA provided participants with technical information that states were able to use and share with their Medicaid/MCO colleagues. It helped participants understand the language used in the Medicaid sector. NACDD also helped participants identify who to talk to, frame appropriate questions, share information between parties, and facilitate communication in challenging situations.

NACDD served as a helpful guide in building relationships between state public health departments and Medicaid/MCOs, as NACDD is often viewed as a neutral party separate from other entities' agendas or opinions.

Participants felt relationships between the public health department and Medicaid improved because of the TA, but suggested these relationships can remain challenging. That said, some participants felt receiving national grants and recognition from NACDD helps highlight the importance of the National DPP lifestyle change program, which increases cooperation with Medicaid.

One participant noted that having Medicaid sign the TA application and be an active part of the TA process was a turning point in their relationship with Medicaid. The TA also helped highlight productive next steps for public health and Medicaid

"The TA provided us with the foundational structure we needed to work with Medicaid."

"It helped us be bold and approach Medicaid."

in terms of obtaining coverage and operationalization of the National DPP lifestyle change program. Some noted the TA was helpful in terms of creating long-term relationships with Medicaid that have extended into other areas.

Subject Matter Expertise: NACDD's Unique Role

NACDD is uniquely positioned to support states as they pursue Medicaid coverage and successful operationalization of the National DPP lifestyle program. As noted earlier, participants shared that having a third-party translate issues across different sectors such as state public health departments, Medicaid, and Medicaid MCOs was helpful. It was also helpful to have third parties highlight productive next steps for these different sectors rather than have staff initiate these steps on their own. Many felt that NACDD's national recognition legitimizes and prioritizes the issue for the state. Participants also appreciated that NACDD could ask tough questions as a neutral party. NACDD helped keep Medicaid staff engaged and build working relationships. Participants reported NACDD made themselves available near-continuously, which was beneficial to participants.

Additionally, leveraging NACDD's policy expertise was helpful, regardless of the topic discussed. Some participants mentioned NACDD knew where to find the information if they did not have the answer. Participants also noted that NACDD's expertise was helpful when they needed to draft presentations for Medicaid and other related stakeholders.

Organization and Focus

Applying for TA opportunities and participating in TA kept participants organized and on target. Participants shared that the process of completing an application helped them define their project. The application process also helped identify and bring the right people together to work towards common project goals. It also provided an opportunity to conduct a necessary assessment of the National DPP lifestyle change program's impact on advancing health equity for priority populations within Medicaid. Participating in the TA enabled focus and kept participants engaged. Participants new to their positions particularly felt the TA was helpful in this regard, noting it provided them with direction, understanding, and momentum. Many participants credited the TA with helping them advance the National DPP lifestyle change program in Medicaid further than they would have on their own.

"We wouldn't have done any of this without them."

"There's no way any of this would have moved forward without the monetary and TA support that we received. There's just no way."

While not directly asked about funding, a few participants mentioned the funding associated with the TA opportunities was very helpful to their progress. However, participants also underscored that the TA itself, regardless of funding, was very important and they would not have been able to make the same progress with funding alone.

Didactic and Interactive Sessions

Many participants shared that NACDD offering multiple TA strategies was highly effective. Participants described each strategy as helpful in meeting a variety of objectives. Didactic strategies were described as helpful in learning about organizations, policies, and different techniques to achieve outcomes. For example, several participants described the benefits from the didactic lessons outlining the steps to achieve Medicaid coverage and develop umbrella hub arrangements.

Interactive sessions helped participants talk through individual issues and strategies. Many participants also found the peer-to-peer sessions beneficial as they could learn from other states who were in similar stages or further in the process. Participants also valued opportunities to reflect and summarize previous work to see the "fruits of their labor" over a multi-year process.

Individualized Approach

When navigating Medicaid systems change, many participants appreciated having an individualized one-on-one approach and felt this type of approach was necessary given the state-specific nature of navigating and obtaining Medicaid coverage. Having someone from NACDD assigned to them made the process personal, and it was extremely helpful to have a person available to them when more information was needed. Having individualized attention kept things moving and allowed participants to talk through specific issues as they arose. One participant mentioned how valuable in-person site visits were as part of this individualized approach.

Several participants also expressed appreciation for being able to connect with other states on an individual basis. Many reported how being able to talk directly with professionals in other states about a particular process or problem was exceptionally helpful in identifying a solution for their own state. Moreover, they liked how NACDD helped prepare them for these conversations by developing agendas and questions and facilitating the conversation if needed. Participants also appreciated connecting their Medicaid colleagues to Medicaid staff in other states. This one-on-one approach was very conducive to outlining and completing their plans for Medicaid systems change.

Networking

Participating in a community of practice with other states allowed participants to observe work done at various stages of the Medicaid coverage process. Learning about other states' pace and progress helped participants recognize that they were not doing anything wrong if their own process was slower than expected. Participants shared that hearing about successes and ideas on how to get to their desired outcome was particularly helpful.

Networking with other states was also helpful for participants as a way to learn about structuring Medicaid funding and increasing Medicaid enrollment. Participants suggested that NACDD is well poised to share lessons across states as a national organization with contacts in many states.

The National DPP Coverage Toolkit

The Coverage Toolkit was frequently discussed as a critical resource. Many participants regularly use the Toolkit and appreciate how comprehensive it is. Some participants said that while they may not have read the Toolkit in its entirety, it is a helpful reference when needing more information for presentations or to answer specific questions. States have also used the information in the Coverage Toolkit, and broader TA, to help them think through how similar approaches could be used to obtain coverage for other chronic disease prevention and evidence-based programs.

Direct Assistance

Participants shared that participating in the TA takes time and effort. TA requires significant background work, preparation for multiple presentations, and attendance at multiple meetings. It can be challenging to complete and align all these components. That said, many participants recognized that extra assistance was available to help states meet expectations associated with the TA. Specifically, some participants expressed gratitude for NACDD's support in drafting their presentations. This assistance saved participants time and still allowed them to share their learnings. Participants also acknowledged that NACDD was flexible and understanding when they could not complete tasks or meet deadlines.

Areas for Improvement

While participants reported an overwhelmingly positive experience with NACDD's TA opportunities, some areas for improvement arose through the discussions.

1. Consider one contact across projects.

When possible, participants appreciated having one contact to provide continuity and simplify to whom they direct follow-up questions.

2. *Provide more time to respond to requests for proposals (RFP).*
Many participants desire more time between when a RFP for a TA opportunity is released and its due date.
3. *Consider when peer-to-peer learning is most effective.*
Some participants suggested that peer-to-peer learning may become less helpful to states that are further along in their coverage journey. One participant also worried that some of the group-based learning opportunities were becoming too large for effective learning and suggested it may be helpful to consider a rotating group of states to participate in peer-to-peer learning.
4. *Provide primers for new states and staff.*
Individuals new to a community of practice or other peer-to-peer learning opportunities may need a primer to catch up to the rest of the community. Even if a state has been a long-time participant, having NACDD provide the time and resources to on-board new staff in that state could be helpful.
5. *Consider the value of sharing state status updates.*
Participants liked hearing about other states' successes and their processes for achieving this success, but some said they did not find regular state status updates particularly helpful as every state is different and not all state updates provide practical learning.
6. *Provide guidance in navigating the Coverage Toolkit.*
As described earlier, all participants found the Coverage Toolkit to be extremely helpful, but a few noted it could be overwhelming to navigate. Participants recognized the importance of the level of information in the Toolkit, but some mentioned it took experience and time with the Toolkit to make the information useful. One participant suggested highlighting new information as it is added to the Toolkit (e.g., on the main page or in an email/newsletter announcement).
7. *Consider extending TA opportunities when possible.*
Participants said it is helpful when TA opportunities are extended, when possible, to account for the time and resources it takes to achieve Medicaid coverage and other goals.

Several participants noted that these areas for improvement are not necessarily issues NACDD can change, but rather natural issues and barriers that emerge when offering TA on intricate systems change. When challenges did arise, participants noted NACDD was willing to adapt to make things work for the state.

Key Components of Effective Technical Assistance

In addition to discussions with TA recipients, discussions with TA providers helped inform the key components of effective TA described in this section. NACDD's TA providers offered insights into what they have learned over the course of developing and delivering a variety of TA opportunities.

The literature on technical assistance also provided a baseline for understanding important principles associated with effective TA.³ For example, some research shows that technical assistance produces an impact above financing alone.⁴ Providing TA in effective ways can help increase this impact.

Based on the discussions with NACDD TA providers and recipients and a review of the literature on technical assistance, the Gardner Institute identified five key components of effective TA for Medicaid coverage of the National DPP lifestyle change program. These include:

- **Build relationships and trust**
- **Balance individual and group-based TA**
- **Consider recipient workloads and circumstances**
- **Be responsive and proactive**
- **Focus on continuous improvement**

Build Relationships and Trust

Relationships, rapport, and trust built in the beginning of a TA provider-recipient relationship provide the foundation for the entire TA experience. Being up front with recipients that their needs are a priority can help build this relationship. Having in-person face-to-face time between providers and recipients can also help facilitate relationship-building and trust. Accommodating state needs and conflicts and being flexible throughout the process will let recipients know that providers are on their side, which can have a positive impact on the long-term TA relationship. This approach may also help TA recipients to be more open about what they need from the TA to successfully move forward. As TA providers continue to foster these relationships, they will gain important collaborative partners they can call on to assist with future TA opportunities.

NACDD TA providers emphasize relationship building early in the TA process. Prior to and after the COVID-19 pandemic, they found opportunities to meet face-to-face with recipients and looked for ways to support the recipients' work. Additionally, NACDD TA providers keep detailed notes on each state and make efforts to know recipients individually along with their state's environment.

In addition to building trust with recipients, much of NACDD's TA focuses on helping state public health departments strengthen their relationships with Medicaid and other partners. NACDD focuses on helping state public health departments find the right

"Partnerships, rapport, relationships... we can't do anything if we don't feel connected and don't have the state's trust that we are going to be good partners."

people to connect to, engage Medicaid leadership early, take the time to understand the Medicaid agency's mission, values, and goals, extend invitations to meetings, and organize regular meetings to maintain communication and build relationships.

Balance Individual and Group-Based TA

Bringing stakeholders together through TA can facilitate shared learning and foster connection. The TA provider can offer value by providing a forum and organized structure for letting TA recipients and other stakeholders engage with and learn from one another.

However, having dedicated one-on-one time with TA recipients is also valuable. All states have unique circumstances and challenges when it comes to obtaining Medicaid coverage of the National DPP lifestyle change program and therefore require a unique TA approach. While they can learn from other states that have gone through similar processes, being able to discuss their specific needs and brainstorm solutions to their problems is necessary for making progress toward their goals.

NACDD's TA providers offer both individual and group-based TA. Even with individual TA, however, NACDD finds opportunities to connect states facing similar challenges to each other. NACDD's broad network of chronic disease directors puts them in a unique position of being able to connect stakeholders across states.

Additionally, NACDD makes themselves available for state-specific questions when offering group-based TA. NACDD TA providers encourage states to reach out via email or set up calls with NACDD to talk through their specific questions, plans, and circumstances. Balancing both individual attention with group collaboration allows participants to learn from each other while also getting the individualized focus they need to progress in obtaining Medicaid coverage of the National DPP lifestyle change program.

Consider Recipient Workloads and Circumstances

Understanding that TA participants' time is often limited can affect how TA providers approach their TA offerings. It is important to be clear about the time commitment and contribution expected from participants, but being flexible with these expectations is also helpful given the number of commitments and responsibilities placed on state public health departments and Medicaid agencies. When possible, offering to help with presentations, organizing meetings, or developing state-specific resources can help reduce participants' workloads.

While it is important to be mindful of participants' time and workload, it is also important to be comfortable asking for their time when needed. States must put in some time and effort to make progress toward their goals. TA opportunities help create dedicated time for states to get work done.

Finally, it is important to be mindful of the time and workload asked of TA partners. States that are further along in the process of Medicaid coverage and implementation of the National DPP lifestyle change program can serve as mentors to other states, but it is important to recognize their limited time as well.

Being aware of states' unique challenges and circumstances can also help TA providers tailor their approach to best meet the needs of a state. Understanding power differentials, political landscapes, and how a Medicaid program is structured in a particular state can influence how best to approach the TA.

NACDD TA providers create detailed plans and outline the expectations for their TA opportunities before engaging with states. Requests for Proposals (RFP) generally provide a description of the TA along with dates (for group-based offerings), and expectations for time commitments. While this information is provided in advance, NACDD is also flexible with individual state accommodations. NACDD TA providers frequently encourage states to reach out with any concerns.

Discussion group participants recognized and valued that NACDD frequently provided flexibility to its TA recipients when capacity issues or other priorities interfered with their work related to covering or implementing the National DPP lifestyle change program. Discussion group participants also noted that NACDD's TA enhances their capacity to engage by providing

additional support such as helping recipients build out presentation slides or draft talking points, researching answers to questions, and connecting TA recipients with other states and stakeholders to support their work.

"We offer capacity to states, additional person power, which can be a more desirable resource than knowledge."

Be Responsive and Proactive

Asking states what they need and responding to those requests can help ensure that states' needs are met. That said, sometimes states need help identifying their needs. Creating resources for common challenges, making sure they are useful, and guiding TA recipients to these resources can help states make progress when they are unsure of next steps. Additionally, offering a menu of services for states to choose from can help them pursue what they need without feeling overwhelmed with identifying where to start.

NACDD utilizes this proactive approach in its TA. For group-based TA opportunities, webinars are planned in advance and include a combination of didactic content from subject matter experts, presentations from other states, discussions, polling questions, question and answer sessions, and small group discussions. NACDD prepares agendas for individual state calls, takes notes, and tracks state progress to help foresee what states may need.

Additionally, NACDD TA providers encourage states to make TA requests and ask questions. For example, during a one-year period from August 1, 2021, to July 31, 2022, NACDD fulfilled 69 distinct TA requests from 12 states in addition to the planned TA experiences they provided. NACDD fulfills these requests in a variety of ways, including:

- Sharing existing resources
- Informally sharing information
- Scheduling additional meetings with NACDD or presentations with state partners
- Coordinating with national partners (CDC, Centers for Medicare and Medicaid Services)
- Developing and sharing new resources in response to specific questions
- Consulting internally with other NACDD consultants or contracted partners
- Coordinating with other partners
- Coordinating with other states
- Providing feedback on state-developed resources, documents, or presentations

"We [as TA providers] are flexible as a team in terms of always telling states, 'Let us know if you want to meet, let us know if you want us to present at a partner meeting, let us know if you need any resources identified or developed'... We're always putting those offers out there... that's another crucial part of what we do."

Focus on Continuous Improvement

The needs and circumstances of TA recipients evolve continuously. Having an evaluator who is frequently assessing the TA and providing feedback can help TA providers quickly iterate and adapt within a TA opportunity and adjust future experiences to better meet recipient needs.

The NACDD coverage team includes an evaluation expert who consistently analyzes feedback and provides suggestions for improvement. NACDD conducts an evaluation after each group-based TA meeting and more extensive evaluations at the conclusion of every TA opportunity (whether group-based or individual). By seeking feedback throughout a TA opportunity, NACDD can respond in real-time and make changes to improve

the experience for states. Summative feedback also provides helpful insights as NACDD plans future TA opportunities. Examples of evaluative questions NACDD used to solicit feedback are in Table 2. In addition to these types of questions, NACDD asks open-ended questions to better understand and tailor future TA to best meet the needs of states.

“We [as TA providers] do collect a lot of information from folks who participate in various levels of TA. It’s extensive. ... Constant feedback helps QI [quality improvement] and shapes the TA that is provided.”

Table 2: Evaluation Questions Example

Questions on Likert Scale of				
(1)	(2)	(3)	(4)	(5)
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My understanding of the subject matter has improved as a result of participating in this community of practice.				
I have identified actions I will take to apply information I learned from this community of practice in my work.				
The information was presented in ways I could clearly understand.				
I was satisfied with this community of practice overall.				
The discussion increased my knowledge about how partners working with the National DPP lifestyle change program can work to address health equity and social determinants of health.				
I intend to apply the information provided in this webinar to my work.				
The webinar was a good use of my time.				

Source: National Association of Chronic Disease Directors (NACDD)

Research Methods

The National Association of Chronic Disease Directors (NACDD) partnered with the Kem C. Gardner Policy Institute (Gardner Institute) to conduct seven individual or group interviews (focus groups). These discussions aimed to gather feedback on the usefulness and challenges associated with technical assistance (TA) to advance the National Diabetes Prevention Program (National DPP) lifestyle change program in Medicaid.

Five discussions (one individual interview, four focus groups) were held with TA recipients (individuals who engaged in NACDD/CDC TA to advance the National DPP lifestyle change program in Medicaid). Participants came from nine states representing Medicaid or public health departments or other related agencies. Two discussions (one individual interview and one focus group) were with TA providers from both NACDD and CDC.

All interviews and focus groups were held between November 2022 and May 2023. Two Gardner Institute researchers facilitated these interviews virtually on the Zoom platform. While researchers took detailed notes, interviews were recorded to clarify discrepancies in notetaking. All findings were aggregated, and participants are not associated with individual findings.

These interviews aimed to gather information on the perceptions of different TA opportunities, their benefits and challenges, how they could be improved, and what outcomes they produced. Researchers engaged in qualitative research aim to gain a deeper understanding of opinions and attitudes on an issue. As such, responses are generally more nuanced, less quantifiable, and not generalizable. Much is determined by the flow of conversation in individual groups. The analysis in this paper describes dominant themes discussed by interview (individual and group) participants.

There are a few methodological points to consider when interpreting these findings. First, interview participants had varying degrees of experience with the NACDD TA programs, from engagement at the start of TA to recently joining TA efforts. As a result, some participants may have had little experience with the TA but offered new perspectives, while others with more experience may have more historical and a deeper breadth of knowledge of the TA. Diverse perspectives are valuable in this process.

Second, interview participants did not link their responses to specific TA opportunities. Participants generally described the TA and were prompted to describe specific strategies (e.g., didactic, expert perspectives, peer-to-peer) and their impact on achieving particular outcomes (e.g., developing relationships with Medicaid, initiating systems change, increasing enrollment). If asked, participants who had been engaged in multiple TA opportunities over multiple years could not easily distinguish between the different TA opportunities, but instead described their experience as a fluid process, acknowledging how the different TA strategies were helpful to them at different points or throughout the process. Additionally, some states had only participated in one opportunity. While other states participated in multiple TA opportunities, staff turnover prevented participants with experience across multiple opportunities from participating in the interviews.

Endnotes

1. See <https://coveragetoolkit.org/about-national-dpp/evidence/>
2. See Research Methods on page 11 for more information.
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NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

BY THE NUMBERS

7000

Members

100+

CDC-funded public health projects implemented by NACDD-supported members

60+

Subject matter expert consultants

\$45M

Program revenue per year

260M

Americans reached through project collaboration

OUR MISSION

NACDD improves the health of the public by strengthening state and national leadership and expertise for chronic disease prevention and control. NACDD promotes social justice and wellbeing so that communities can build healthier futures.

Established in 1988, in partnership with the U.S. Centers for Disease Control and Prevention, the National Association of Chronic Disease Directors is a national, nonprofit, professional Association supporting chronic disease directors in all states and U.S. territories.

We advocate, educate, and provide technical assistance that informs programming and expands chronic disease prevention knowledge, leadership, and capacity throughout our membership.

NACDD's core membership is composed of the 59 State and Territorial Health Department Chronic Disease Directors and their staff who protect the health of the public through primary and secondary prevention efforts and work "upstream" on root causes of chronic conditions. In addition, NACDD unites 7,000 chronic disease professionals across the United States working in state, tribal, and territorial health departments, nonprofits, academia, and the private industry to promote health and to reduce the burden of chronic disease.

During the past 30 years, NACDD has become the recognized national leader to achieve outcomes that improve the health of populations. We succeed through a collaborative approach that connects state, tribal, and territorial health officials with the CDC National Center for Chronic Disease Prevention and Health Promotion and other traditional and nontraditional partners.

Largest Bodies of Program Work Include:

- Diabetes
- Cardiovascular health
- Cancer
- Public health leadership

LEARN MORE!



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*The **Building Capacity for Public and Private Payer Coverage of the National DPP Lifestyle Change Program** project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$4.3 million for grant year 5** with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.*

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