

# NATIONAL DIABETES PREVENTION PROGRAM

*A wellness program for people with prediabetes.*

## THE PROBLEM

Prediabetes occurs when blood sugar levels are higher than normal, but not high enough to be called diabetes. People with prediabetes are at great risk of developing type 2 diabetes, a leading cause of death and disability in the U.S. **Nearly four in ten Wisconsin adults has prediabetes** – that's 1.5 million Wisconsin adults – and about 90% of them don't know they have it. Without weight loss and moderate physical activity, up to 30% of people with prediabetes will develop type 2 diabetes within five years. Diabetes is also a costly disease. Average medical costs for a person diagnosed with diabetes are about \$13,700 per year; about \$7,900 (57%) of this amount is attributed to diabetes.<sup>1</sup>

## THE PROGRAM

The National Diabetes Prevention Program (DPP) is an evidence-based, year-long behavior change course introduced by the Centers for Disease Control and Prevention (CDC) for people who have prediabetes or are at risk for developing type 2 diabetes ([www.cdc.gov/diabetes/prevention/](http://www.cdc.gov/diabetes/prevention/)). The course, facilitated by a trained Lifestyle Coach, consists of 16 one-hour weekly classes and six to ten one-hour monthly or twice-monthly classes held over a 12-month period that include topics such as eating healthy, increasing physical activity, and losing weight.

## THE DIFFERENCE

The National DPP has been proven through a large-scale research study and is CDC-endorsed and led. The program is also available through multiple delivery methods such as digital medicine providers, community and faith-based communities, at the job site, and in clinics. The National DPP is much more than a weight loss or diabetes prevention program – it is designed to dramatically change a participant's lifestyle so they not only become healthier, they stay healthier for life. In fact, successful National DPP participants can cut their risk of developing type 2 diabetes in half.

## THE RESEARCH

The Diabetes Prevention Program research study found that, over the 3-year study, improved nutrition and exercise (lifestyle intervention) reduced the chances that a person with Impaired Glucose Tolerance (IGT) would develop diabetes by 58%; and, if the person was over age 60 the risk reduction increased to 71%. The drug metformin also reduced risk, although less dramatically, by 31%.<sup>2</sup> Even after 10 years, those who had participated in the lifestyle change program had a 34% lower rate of type 2 diabetes.<sup>3</sup>



## THE HEALTH IMPACT

According to numerous studies, for every 100 high-risk adults (age 50) completing the National DPP:

- ❖ 15 new cases of type 2 diabetes are prevented
- ❖ 162 missed work days are prevented
- ❖ The need for blood pressure or cholesterol medications in 11 people are prevented
- ❖ The equivalent of 20 perfect years of health are added
- ❖ \$91,400 in health care costs are avoided

## THE COST

The cost per person of offering the lifestyle change program varies, depending on factors such as National DPP provider, health insurance coverage, promotion, recruitment, staff, and logistical costs. There are even National DPP providers that offer the program free or for a minimal fee if participants meet the income eligibility criteria. It's important to note that the cost of preventing diabetes is typically much smaller than the cost of managing the complications of type 2 diabetes. CDC has determined that intensive lifestyle interventions to prevent type 2 diabetes among people with impaired glucose tolerance to be “very cost-effective” and, in many cases, a cost savings.<sup>4</sup>

## THE SOLUTION

- ❖ **LEARN ABOUT THE HEALTH AND ECONOMIC EFFECTS** of the National DPP on your employee population with CDC's Diabetes Prevention Impact Toolkit: <https://nccd.cdc.gov/Toolkit/DiabetesImpact/>.
- ❖ **EDUCATE YOUR EMPLOYEES ABOUT PREDIABETES** through internal websites, bulletin boards, newsletters, social media, and other available channels by sharing websites such as [www.DolHavePrediabetes.org](http://www.DolHavePrediabetes.org) and by using resources from [www.DolHavePrediabetes.org/spread-the-word.html](http://www.DolHavePrediabetes.org/spread-the-word.html).
- ❖ **ENCOURAGE EMPLOYEES TO BE SCREENED AND TESTED FOR PREDIABETES** by using resources from the AMA/CDC Prevent Diabetes STAT initiative: [www.preventdiabetesstat.org/employers-and-insurers.html](http://www.preventdiabetesstat.org/employers-and-insurers.html).
- ❖ **REFER THOSE WITH PREDIABETES OR WHO ARE AT-RISK** to National DPP providers ([www.PreventDiabetesWI.org](http://www.PreventDiabetesWI.org)).
- ❖ **WORK WITH YOUR INSURER(S)** to cover the National DPP as a health benefit using resources from the National DPP Coverage Toolkit: <http://NationalDPPCoverageToolkit.org>.



## FOR MORE INFORMATION

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<sup>1</sup> American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care*. 2014; 36 (4): 1033-1046.

<sup>2</sup> Knowler, WC, Barrett-Connor, E, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002;346(6):393-403.

<sup>3</sup> Diabetes Prevention Program Research Group. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet*. 2009;374:1677-86.

<sup>4</sup> Li R, Zhang P, Barker LE, Chowdhury FM, Zhang X. Cost-effectiveness of interventions to prevent and control diabetes mellitus: A systematic review. *Diabetes Care*. 2010; 33(8): 1872-94.