

Employers Can Help Stop Diabetes in its Tracks Frequently Asked Questions about the National Diabetes Prevention Program (DPP)

What is the DPP?

The DPP is a partnership of public and private organizations working to reduce the growing problem of prediabetes and type 2 diabetes.

The partners work to make it easier for people with prediabetes to participate in proven, affordable, high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health. DPP providers help participants who are at risk for type 2 diabetes — a condition commonly referred to as prediabetes — make real lifestyle changes like eating healthier, including physical activity in their daily lives, and improving problem-solving and coping skills. The DPP is a one-year program where participants meet once a week for 16 weeks, then once a month for the remainder of the year to maintain healthy lifestyle changes. Participants learn with others in the program and a trained lifestyle coach to gain the skills needed to make lifelong changes.

What is prediabetes?

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. One in three Minnesota adults has prediabetes, which translates to 1.4 million people — 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.

Why should employers offer DPP as a covered benefit?

Employers can help stop diabetes in its tracks, improving health and quality of life for employees, while lowering related health care costs for all. Prediabetes and type 2 diabetes make up a growing workforce issue with serious health and cost consequences:

- An estimated 86 million Americans have prediabetes, putting them at greater risk for developing type 2 diabetes, heart disease, and stroke.ⁱ
- Diabetes currently affects 1 in 10 adults, and the CDC estimates as many as one in five adults could have type 2 diabetes by 2025, if nothing changes.ⁱⁱ
- In 2012, the total cost of diagnosed diabetes was \$245 billion (\$3.1 billion in Minnesota alone), an increase of 41 percent from data collected just five years earlier. This includes \$176 billion in direct medical expenses.ⁱⁱⁱ
- People with diagnosed diabetes incur, on average, 2.3 times the medical expenses of comparable people without diabetes. The largest portion of these expenditures is for treatment of complications.ⁱⁱⁱ

How is the DPP different from other weight loss or diabetes prevention programs?

This program has been proven through a large-scale research study, and is CDC-endorsed and led. It is also available through multiple delivery methods such as digital health care providers, community centers, and faith-based communities, at the job site, and in clinics. The DPP is much more than a weight loss or diabetes prevention program — it is designed to dramatically change participants' lifestyles so they not only become healthier, they stay healthier for life. To view a recent evaluation of the DPP, click [here](http://care.diabetesjournals.org/content/40/10/1331), or visit <http://care.diabetesjournals.org/content/40/10/1331>.

What do you mean when you say DPP is “proven” or “evidence-based?”

The CDC DPP Curriculum is based on the Diabetes Prevention Program research study. The clinical research study was led by the National Institutes of Health and supported by the Centers for Disease Control and Prevention. This research was published in the *New England Journal of Medicine* in 2002. Since then, there have been more than 50 studies translating the DPP lifestyle interventions to real-world settings. Several reviews found that these programs decrease body weight, decrease fasting plasma glucose, improve blood pressure and cholesterol levels, and prevent the onset of type 2 diabetes. They found that diet and exercise programs reduced diabetes incidence by 41% on average compared with usual care. (See *Diabetes Prevention Programs Report** from the Institute for Clinical Economic Review to learn more.)

Studies subsequent to the DPP determined how best to implement the program where people live and work. Further, research examining the effects of a structured lifestyle change program showed that weight loss of just 5% to 7% of body weight (around 15 pounds for most people), achieved by reducing calories and increasing physical activity, reduced risk of developing type 2 diabetes by 58% in people at high risk for the disease. For people over age 60, the program reduced risk by 71%.^{iv} Even after 10 years, those who participated in the lifestyle change program had a 34% lower rate of type 2 diabetes.^v

How much does the program cost?

The cost per person of offering the lifestyle change program varies, depending on factors such as DPP provider, health insurance coverage, promotion, recruitment, staff, and logistical costs. There are DPP providers that offer the program free or for a minimal fee if participants meet income eligibility criteria. Some employers choose to have their own in-house DPP lifestyle coach. 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. The 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, cost-saving.^{vi}

How long will it take to engage decision makers, plan and incorporate the DPP into our benefits?

Planning and implementation varies widely, depending on the size and type of organization. For example, some senior management teams require an in-depth business case for implementing DPP, which may be time-consuming and will involve working closely with your health insurance provider and/or broker or agent to develop a report and recommendations. Budget considerations and organizational business cycles may also create lengthy lead times.

Am I assured the same content quality no matter which DPP provider I choose?

While each CDC-recognized DPP provider must follow an approved curriculum. It's important to assess the unique needs of your employees and culture before choosing the lifestyle coach(es) and/or vendor(s) best suited for your organization. You may even choose to train coaches from your own staff. By spending time to learn about the results of the DPP providers you are considering, you are more likely to meet with success.

* URL: http://icer-review.org/wp-content/uploads/2016/05/CTAF_DPP_Draft_Evidence_Report_050916-1.pdf



How can employers get involved?

- Talk to your health insurance provider(s) about the possibility of covering a CDC-recognized program as a health benefit and offer it to your employees. While self-insured employers have more options than those that are fully insured, your health insurance provider may be able to help you determine potential return on investment and value specific to your organization, as well as help implement the program, process claims, recruit participants, and collect data.
- Check out the vendor summary in this toolkit to view DPP providers.
- While you are working through the details of offering the DPP as a covered benefit, provide prediabetes awareness education for employees through internal websites, bulletin boards, newsletters, social media, and other available channels.
- Include only healthy food and beverage options in vending machines, cafeterias, and at employer-sponsored events.
- If you participate in organizational or community health fairs, provide free diabetes screenings for employees and their spouses, perhaps offering an incentive to those who have the test administered.
- Survey your employees to find out if this is a benefit they would use if available.

ⁱ CDC. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: US Department of Health and Human Services, CDC; 2011.

ⁱⁱ Boyle JP, Thompson TJ, Gregg EW, Barker LE, Williamson DF. (2010) Projection of the year 2050 burden of diabetes in the US adult population: dynamic modeling of incidence, mortality, and prediabetes prevalence. *Population Health Metrics*. 2010; 8:29, 2010.

ⁱⁱⁱ American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care*; 2013;36(4):1033–46.

^{iv} 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.

^v 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.

^{vi} 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.



