



## Executive Briefing The National DPP: Managing the Risk of Prediabetes

Division of Diabetes Translation

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

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July 14, 2021



CUT RISK  
IN HALF

**PROVEN  
LIFESTYLE  
CHANGE  
PROGRAM**

NATIONAL PARTNERSHIP

COMMUNITY-BASED



Diabetes is the **COSTLIES**t disease in the U.S. at **\$327 BILLION** in 2017 and contributes to **reduced productivity and absenteeism**.

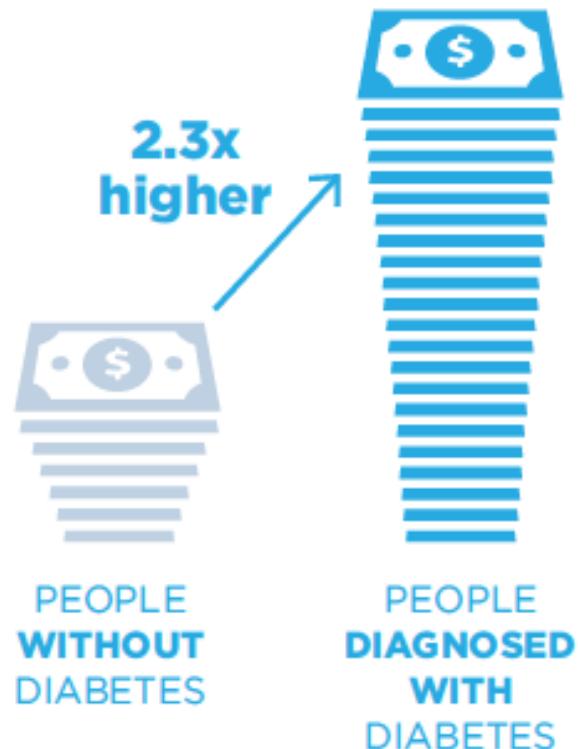
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Cost of care for people with diabetes is **2.3 times more** than for those without diabetes.

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Annual medical expenditures in 2017 were **\$16,750 per person** diagnosed with diabetes.

## AVERAGE MEDICAL EXPENDITURES



Estimate costs and benefits for your workplace using CDC's return on investment (ROI) calculator:  
<https://nccd.cdc.gov/Toolkit/DiabetesImpact>

# PREDIABETES

COULD IT BE YOU?

88  
MILLION

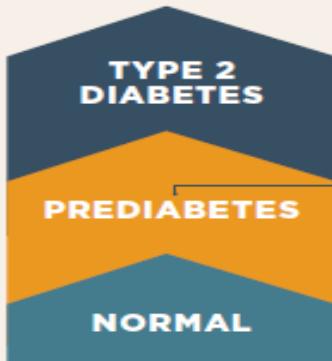
88 million American adults — more than 1 in 3 — have prediabetes

1 IN 3



MORE THAN 8 IN 10

adults with prediabetes don't know they have it



With prediabetes, your blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes

Prediabetes increases your risk of:



TYPE 2 DIABETES



HEART DISEASE



STROKE

# Evidence-based Intervention

**Epidemiology/Health Services/Psychosocial Research**  
**ORIGINAL ARTICLE**

## **Effects of Diet and Exercise in Preventing NIDDM in People With Impaired Glucose Tolerance**

The Da Qing

XIAO-BEN PAN, MD  
GUANG-WEI LI, MD  
YING-HUA HU, MD  
JI-XING WANG, MD  
WEN-YING YANG, MD  
ZUO-XIN AN, MD  
ZI-XI HU, MD  
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JIAN-ZHONG XIAO, MD

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VOLUME 346 FEBRUARY 7, 2002 NUMBER 6

REDUCTION IN THE INCIDENCE OF TYPE 2 DIABETES WITH LIFESTYLE INTERVENTION OR METFORMIN

Diabetologia (2006) 49: 289–297  
DOI 10.1007/s00125-005-0097-z

ARTICLE

A. Ramachandran · C. Snehalatha · S. Mary · B. Mukesh · A. D. Bhaskar · V. Vijay · Indian Diabetes Prevention Programme (IDPP)

**The Indian Diabetes Prevention Programme shows that lifestyle modification and metformin prevent type 2 diabetes in Asian Indian subjects with impaired glucose tolerance (IDPP-1)**

Received: 20 August 2005 / Accepted: 18 October 2005 / Published online: 20 December 2005  
© Springer-Verlag 2006

Prevention of type 2 diabetes by lifestyle intervention: a Japanese trial in IGT males

Kinori Kosaka<sup>a</sup>, Mitsuhiko Noda<sup>a,\*</sup>, Takeshi Kuzuya<sup>b</sup>

**Review article**

## **Behavioral strategies in diabetes prevention programs: A systematic review of randomized controlled trials**

Michael K. Baber<sup>a,\*</sup>, Kylie Simpson<sup>b</sup>, Bradley Lloyd<sup>b</sup>, Adri

Copyright © 2001 by the Massachusetts Medical Society

VOLUME 344 MAY 3, 2001 NUMBER

PREVENTION OF TYPE 2 DIABETES MELLITUS BY CHANGES IN LIFESTYLE AMONG SUBJECTS WITH IMPAIRED GLUCOSE TOLERANCE

LINDSTRÖM, M.S., JOHAN G. ERIKSSON, M.D., PH.D., TIMO T. VALLU, M.D., ILANNE-PARIKKA, M.D., SIRKKA KEINÄNEN-KUKAANNIEMI, M.D., PIHLERANTA, M.S., MERJA RASTAS, M.S., VIRPI SALMINEN, M.S., PH.D., FOR THE FINNISH DIABETES PREVENTION STUDY GROUP

**Translating the Diabetes Prevention Program into the Community The DEPLOY Trial**

The long-term effect of lifestyle interventions to prevent diabetes in the China Da Qing Diabetes Prevention Study: a 20-year follow-up study

Guangwei Li, Feng Zhang, Jiping Wang, Edward W. Gregg, Wenyang Yang, Qizhong Gong, Hui Li, Hongfang Li, Yanyan Jiang, Yali An, Ying Shuai, Bo Zhang, Jingling Zhang, Theodore J. Thompson, Robert B. Gerzoff, Gojita Roglic, Yinghua Hu, Peter H. Bennett

**Summary**  
**Background** Intensive lifestyle interventions can reduce the incidence of type 2 diabetes in people with impaired glucose tolerance, but how long these benefits extend beyond the period of active intervention, and whether such interventions reduce the risk of cardiovascular disease (CVD) and mortality, is unclear. We aimed to assess whether intensive lifestyle interventions have a long-term effect on the risk of diabetes, diabetes-related macrovascular and microvascular complications, and mortality.

*Lancet* (2006) 371: 1783–89  
See Comment page 1771  
Department of Endocrinology,  
Otsuka Japan Friendship  
Hospital, Beijing, China

# National Diabetes Prevention Program

Largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!

REDUCING THE IMPACT OF DIABETES

The diagram illustrates the collaborative nature of the National Diabetes Prevention Program. At the top, a circular seal featuring a stylized building and stars is positioned next to the text 'REDUCING THE IMPACT OF DIABETES'. Below this, the text 'It brings together:' is followed by a central graphic. The graphic depicts a stylized city skyline with various buildings. Surrounding the buildings are several speech bubbles containing the names of different organizations: 'COMMUNITY ORGANIZATIONS' (blue), 'PRIVATE INSURERS' (green), 'EMPLOYERS' (dark blue), 'FAITH-BASED ORGANIZATIONS' (green), 'GOVERNMENT AGENCIES' (dark blue), and 'HEALTH CARE ORGANIZATIONS' (blue). The word 'HALF' is written in large blue letters on the right side of the graphic, with a pair of scissors icon positioned below it. A vertical line on the right side of the slide contains the text 'Research shows structured lifestyle interventions can cut the risk of type 2 diabetes in HALF'.

Congress authorized CDC to establish the NATIONAL DIABETES PREVENTION PROGRAM (National DPP) —a public-private initiative to offer evidence-based, cost effective interventions in communities across the United States to prevent type 2 diabetes

It brings together:

to achieve a greater combined impact on reducing type 2 diabetes

Research shows structured lifestyle interventions can cut the risk of type 2 diabetes in **HALF**

# Overview of the National Diabetes Prevention Program

The National DPP relies upon a variety of public-private partnerships with community organizations, private and public insurers, employers, health care organizations, faith-based organizations, government agencies, and others working together to:



Build a workforce that can implement the lifestyle change program effectively



Ensure quality and standardized reporting



Deliver the lifestyle change program through organizations nationwide



Increase referrals to and participation in the lifestyle change program

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## National DPP Strategic Goals

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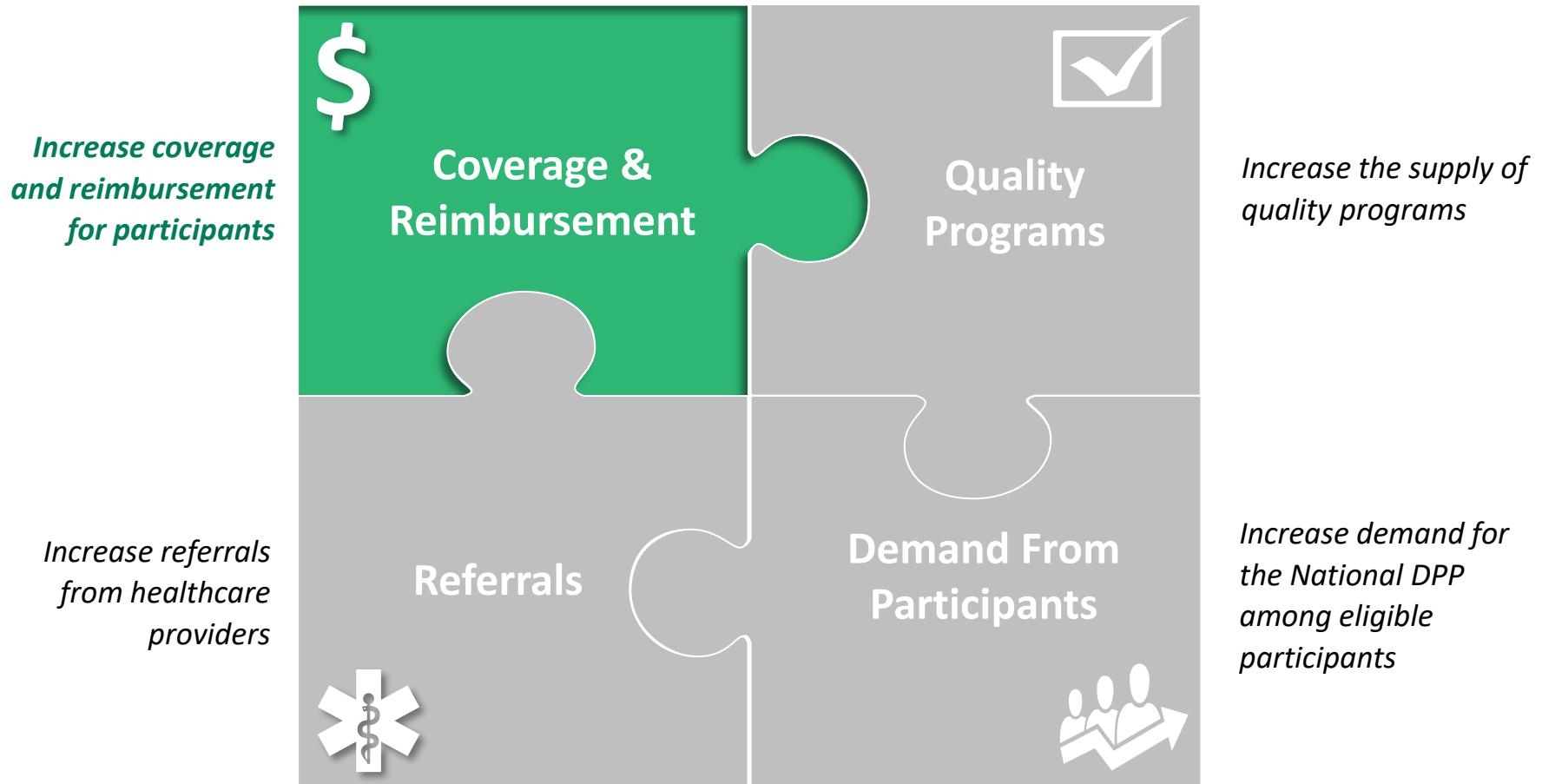
# National DPP Strategic Goals

There are four strategic goals around scaling and sustaining the National DPP



# National DPP Strategic Goals

Increasing the number of people who receive the National DPP lifestyle change program as a covered benefit is a pivotal part of scaling the program



# Current Coverage Channels

There are many different coverage efforts occurring in both the private and public sector



PRIVATE

## Commercial Insurers

Private insurers offer coverage for the National DPP to their members through certain health plans



FEDERAL /STATE

## Coverage for State Employees

State employees in 19 states have the National DPP lifestyle change program included as a benefit.

## Coverage via Medicaid

Medicaid beneficiaries across various states have coverage for the National DPP lifestyle change program.

## Medicare Diabetes Prevention Program

Beginning in 2018, the National DPP lifestyle change program will be covered for Medicare beneficiaries through the Medicare Diabetes Prevention Program.

# Commercial Insurers

The pool of insurers providing coverage for the National DPP is large and growing



Over 70 commercial health plans provide some coverage for the National DPP

*Some of these health plans include:*

- AmeriHealth Caritas
- Anthem
- BCBS Florida
- BS California
- BCBS Louisiana
- Denver Health Managed Care: *Medicaid, Medicare, Public Employees*
- Emblem Health: NY
- GEHA
- Humana
- Kaiser: *CO & GA*
- LA Care: *Medicaid*
- MVP's Medicare Advantage
- Priority Health: *MI*
- United Health Care: *National, State, Local, Private, and Public Employees*

# CDC Cooperative Agreements



CDC has funded organizations via cooperative agreements to both expand coverage of the program and increase the number of organizations delivering the program

**1212**

Funded 6 national organizations to increase the number of CDC-recognized organizations offering lifestyle change programs via multi-state networks and expand coverage through relationships with employers and insurers that lead to benefit coverage and reimbursement for delivery organizations

**1305**

Funded all 50 states & D.C. to raise awareness of prediabetes, increase referrals to CDC-recognized programs, and work with State Employee Benefit Plans and Medicaid to support coverage

**1422**

Funded 17 states and 4 cities to expand on work started by 1212 and 1305 and enroll vulnerable, high-risk populations in the program

**1705**

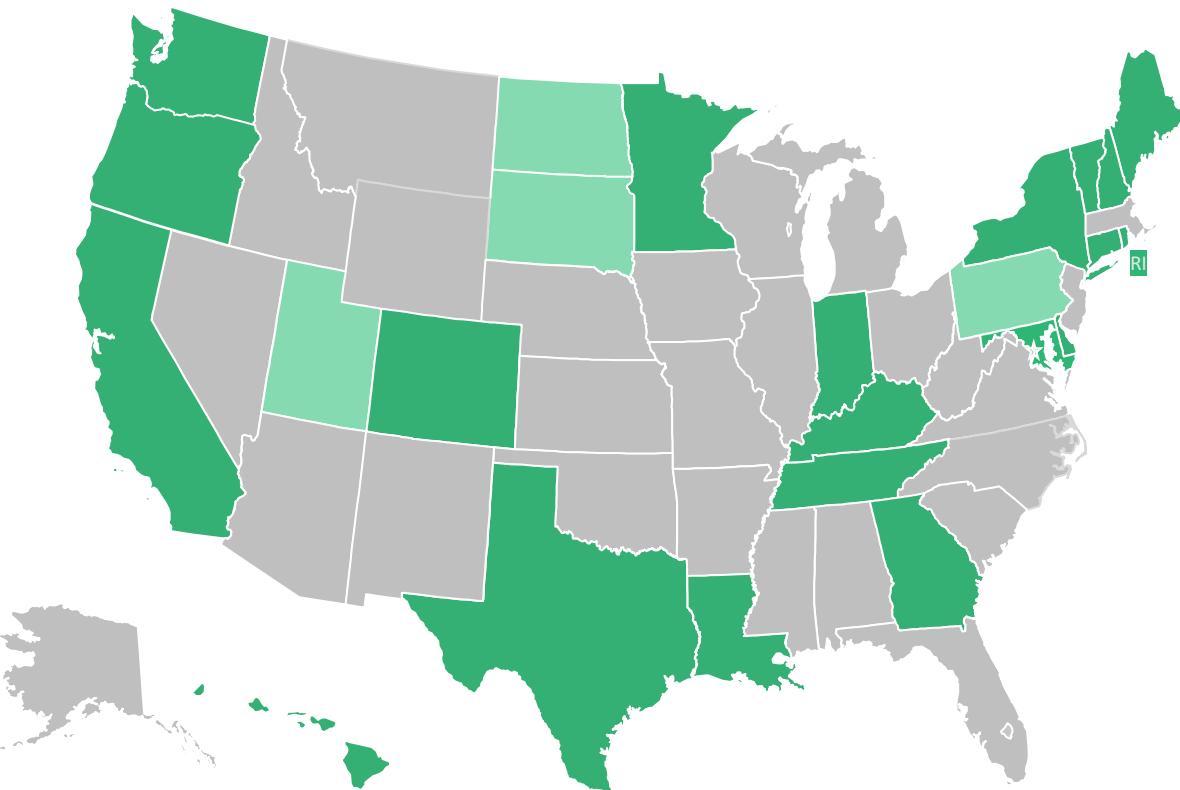
Five year agreement to fund 10 national organizations to scale the National DPP for priority populations in underserved areas. Began on October 1, 2017.

**1815**

Continuation of 1305.

# National DPP Coverage for Public Employees

Public employees and dependents in 26 states have the National DPP lifestyle change program as a covered benefit



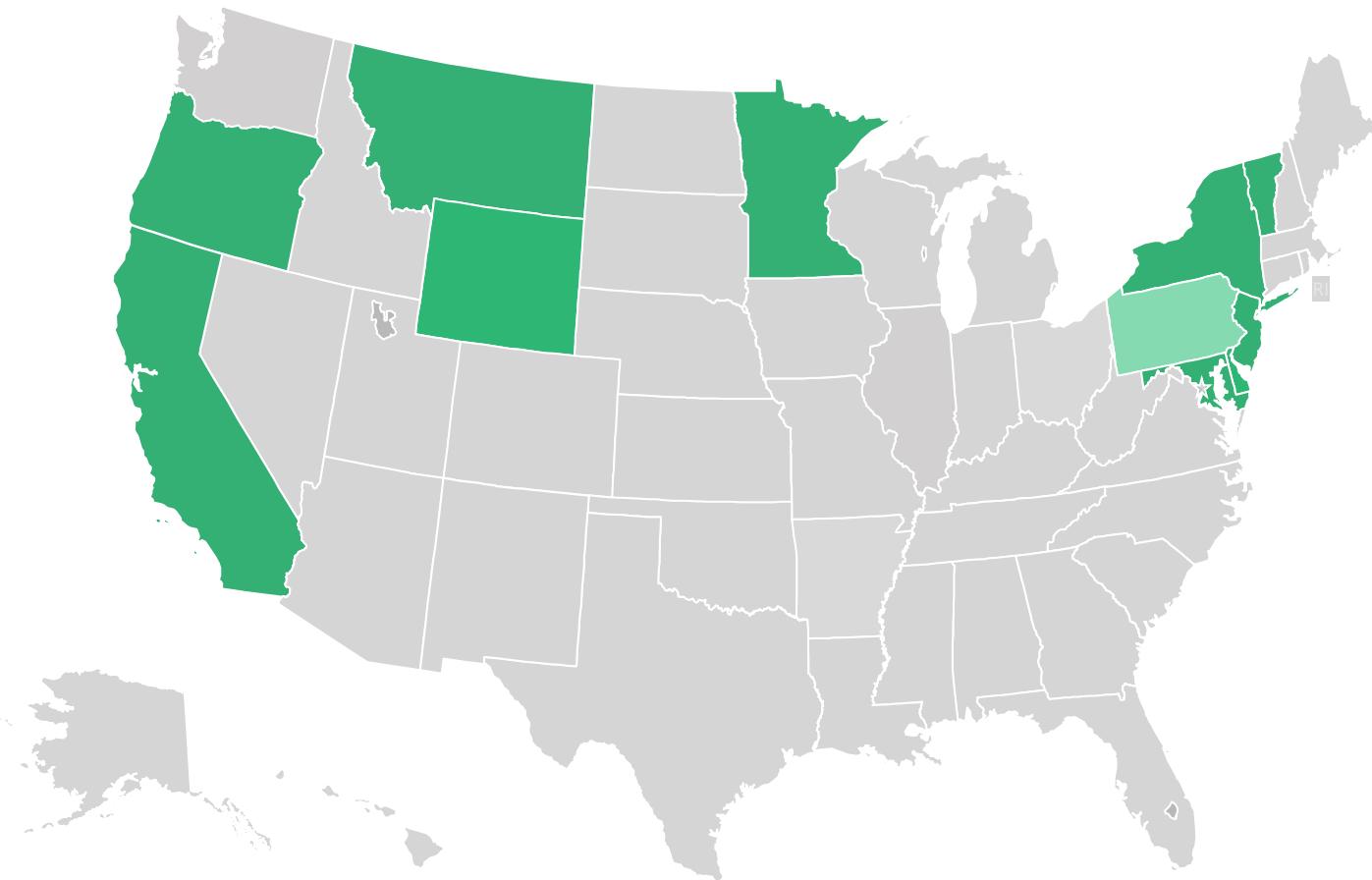
## States with Coverage for State/Public Employees

- California
- Colorado
- Connecticut
- Delaware
- Georgia  
(Kaiser members)
- Hawaii
- Indiana
- Kentucky
- Louisiana
- Maine
- Maryland  
(partial payment)
- Minnesota
- New Hampshire
- New York
- Oregon  
(educators/local government)
- Pennsylvania
- Rhode Island
- Tennessee
- Texas
- Utah
- Vermont
- Washington

*Demonstrations ongoing in North and South Dakota*

# National DPP Coverage for Medicaid Beneficiaries \$

17 states have approved Medicaid coverage for the National DPP lifestyle change program



## States with Medicaid Coverage

- Colorado
- Connecticut
- California
- Delaware
- Idaho
- Illinois
- Maryland
- Massachusetts
- Minnesota
- Missouri
- Montana
- New Jersey
- New York
- Oregon
- Rhode Island
- Vermont
- Wyoming

# Medicaid (Low Income) Coverage



**Goal: Achieve sustainable coverage of the National DPP lifestyle change program for Medicaid beneficiaries**

**Result: Remove cost barriers and reduce diabetes health-related disparities for high-risk/burden populations**

## APPROACH



**Work with State Health Departments** - Funded health departments in all states and DC to partner with their Medicaid sister agencies to make the case for coverage

9 states have full or partial coverage through Medicaid authorities, demonstrations, or pilots

**Work with National Organizations** - Funded 10 national organizations to establish new programs through affiliate sites in underserved areas to reach priority populations

**Work with Managed Care Organizations (MCOs)** - Funded a comprehensive Demonstration Project in 2 states with a focus on implementation and uptake

## Products/Outcomes

- Virtual Learning Collaborative with 20 States
- National DPP Coverage Toolkit: <https://coveragetoolkit.org/>
- Final Demonstration Project Evaluation Report – October 2018
- New Tools and Resources for the National DPP Customer Service Center <https://nationaldppcsc.cdc.gov>

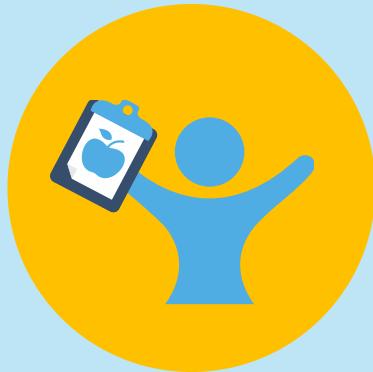
# WHAT CAN YOU DO?



Talk to your insurer about including CDC-approved lifestyle change programs like ours as a **covered health benefit** and offer it to your employees.



Estimate Return on Investment with CDC's cost calculator at <https://nccd.cdc.gov/Toolkit/DiabetesImpact>.



**Consider offering the program at your worksite** with help from one of our trained lifestyle coaches.



Work with the National Diabetes Prevention Program to **promote the program** by including information in **emails** and your **newsletter**, **on your website**, and by placing **fact sheets** and **posters** in common areas.

# Next steps...

01/

**RAISE AWARENESS** of prediabetes and the National DPP

- [www.cdc.gov/diabetes/prevention/prediabetes-type2](http://www.cdc.gov/diabetes/prevention/prediabetes-type2)

02/

**REFER PEOPLE** at risk to a CDC-recognized organization

- [www.cdc.gov/diabetes/prevention/lifestyle-program](http://www.cdc.gov/diabetes/prevention/lifestyle-program)

03/

**OFFER THE PROGRAM** by becoming a CDC-recognized organization

- [www.cdc.gov/diabetes/prevention/lifestyle-program](http://www.cdc.gov/diabetes/prevention/lifestyle-program)

04/

**INCLUDE THE PROGRAM AS A COVERED BENEFIT** for your employees, plan members, or beneficiaries

- [www.coveragetoolkit.org](http://www.coveragetoolkit.org)

# Thank You!

Division of Diabetes Translation  
National Center for Chronic Disease Prevention and  
Health Promotion  
Centers for Disease Control and Prevention  
[www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348   [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

