

## Frequently Asked Questions: **Be Part of the Solution with the National Diabetes Prevention Program (NDPP)**

### **What is the NDPP?**

This year-long, cost-effective, evidence-based program, led by the [Centers for Disease Control and Prevention \(CDC\)](#), helps participants with prediabetes or who are at risk for type 2 diabetes make real lifestyle changes such as eating healthier, including physical activity in their daily lives, and improving problem-solving and coping skills. Participants meet with a trained lifestyle coach and a small group of people who are making lifestyle changes to prevent diabetes. Sessions are weekly for six months and then monthly for six months.

### **What is prediabetes?**

Prediabetes is 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 disability and death in the U.S. As many as 35 percent of Minnesota adults have prediabetes, which translates to 1.4 million people — and about 90 percent of them don't know they have it. Without weight loss and moderate physical activity, up to 30 percent of people with prediabetes will develop type 2 diabetes within five years.

### **Why should we offer a CDC-recognized diabetes prevention program as a covered benefit?**

Prediabetes is a growing workforce issue with serious health and cost consequences:

- An estimated 79 million Americans have prediabetes, making them at greater risk for developing type 2 diabetes, heart disease, and stroke.<sup>i</sup>
- 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.<sup>ii</sup>
- 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.<sup>iii</sup>
- 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.<sup>iii</sup>

### **Does the NDPP work?**

This program gets results, and the incremental costs of adding a CDC-recognized diabetes prevention program is a cost effective use of resources.

Research examining the effects of a structured lifestyle change program showed that weight loss of just five to seven percent of body weight, achieved by reducing calories and increasing physical activity, reduced risk of developing type 2 diabetes by 58 percent in people at high risk for the disease. For people over 60 years of age, the program reduced risk by 71 percent.<sup>iv</sup> Even after 10 years, those who had participated in the lifestyle change program had a 34 percent lower rate of type 2 diabetes.<sup>v</sup>

The cost per person of offering the lifestyle change program is about \$500, depending on factors such as promotion, recruitment, staff, and logistics costs. 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.<sup>vi</sup>

# Minnesota Health Action Group

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## How can employers get involved?

If you are an employer, talk to your health insurance carrier(s) about covering a CDC-recognized program as a health benefit and offer it to your employees. Third-party administrators can help you determine potential ROI specific to your organization, as well as help implement the program, process claims, recruit participants, and collect data.

Currently, [Over 30](#) health systems, clinics, fitness centers, faith-based communities, and community centers across Minnesota offer CDC-recognized diabetes prevention programs, easing access for all sizes and types of employers.

While you are working through the details of offering the NDPP as a covered benefit, you can provide prediabetes awareness education for employees through internal websites, bulletin boards, newsletters, social media, and other available channels. 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.

**[GRANTEE]** can give you promotional resources, such as a risk test, and an employee communication toolkit describing the program and its benefits to meet your pre- and post-implementation needs.

## For More Information:

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

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- <sup>i</sup> 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.
  - <sup>ii</sup> 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.
  - <sup>iii</sup> American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care*; 2013;36(4):1033–46.
  - <sup>iv</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>v</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>vi</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.