

Indiana Employers benefit from the **Diabetes Prevention Program**

About the Program



Diabetes

is one of the nation's most costly diseases.

Preventing diabetes

can save health care costs and lives.

The Diabetes Prevention Program (DPP) is designed to help people at risk for developing type 2 diabetes reduce that risk by making healthy lifestyle choices. Participants work with a trained lifestyle coach in a supportive group setting to make modest changes to improve food choices and increase physical activity. The participants meet weekly for 16 sessions and monthly for six maintenance classes.

These modest lifestyle changes assist participants in achieving their goal of reducing weight by 7% and increasing physical activity to 150 minutes a week. Accomplishing this has been proven to reduce one's risk for developing type 2 diabetes.



If trends continue,
1 out of 3 adults will have diabetes by 2050¹



Diabetes is a costly disease for Indiana employers, both in terms of human and economic capital. Type 2 diabetes occurs when the body is no longer able to effectively produce or use insulin. Risk factors include: overweight and obesity, physical inactivity, family history, and pre-diabetes.

Pre-diabetes is a precursor to type 2 diabetes — the most prevalent and preventable type of diabetes. By investing in prevention, employers can make a significant impact to improve employee health and productivity, as well as, reduce workforce costs related to medical expenditures, absenteeism, and premature death and disability.

Facts about Diabetes

- In 2011, 10.1% of adults in Indiana reported having diabetes^{2*}.
- Diabetes is the 7th leading cause of death in Indiana³.
- People with diabetes are 2 to 4 times more likely to die from a heart attack or stroke than people without diabetes⁴.
- People with diabetes in Indiana spent almost \$5.2 billion on medical care in 2010⁵.
- In 2010, an individual with diabetes (aged 18-64) lost 8.3 days of work compared to 1.7 for a person without diabetes⁶.
- According to UnitedHealth Group (UHG), the average annual health care costs in 2009 for a person with diabetes was approximately \$11,700 compared to about \$4,400 for a person without diabetes — representing a greater than 260% cost increase, much of which is borne by the employer through higher insurance premiums.

Facts about Pre-diabetes

- In 2011, 6.6% of adults in Indiana were aware of having pre-diabetes^{7*}. One reason many are unaware of their pre-diabetes is they have not had their blood glucose tested.
- The Centers for Disease Control and Prevention (CDC) estimates that 35% of the U.S. population has pre-diabetes.
- Pre-diabetes puts people at risk for type 2 diabetes. The CDC indicates that each year, 11% of individuals with pre-diabetes progress to type 2 diabetes.
- People with pre-diabetes have blood sugar levels higher than normal — but not high enough to be classified as diabetes.
- Most major insurers cover blood glucose tests to screen for pre-diabetes; risk can also be assessed online with the [CDC's Pre-diabetes Screening Test](#).

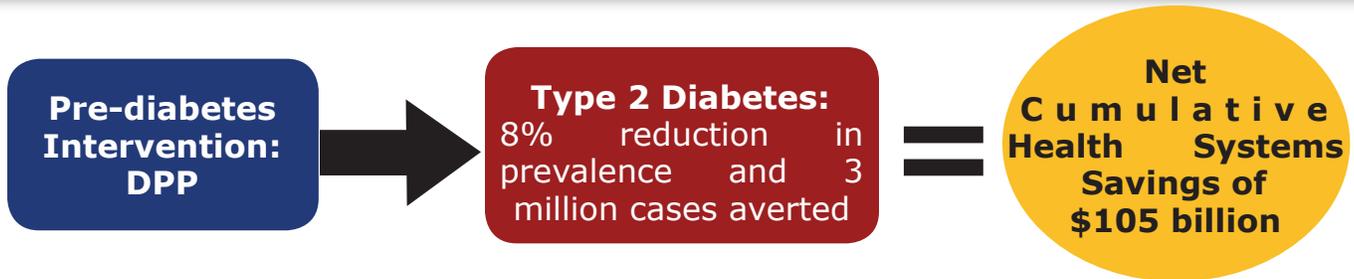
*Self-reported data from individuals aged 18 years and older. Unless otherwise specified, the term diabetes refers only to type 1 and type 2 diabetes.

Diabetes Prevention Program Demonstrated Outcomes



- Reduced the incidence of type 2 diabetes by nearly 60% in individuals with pre-diabetes that achieved weight loss and physical activity goals⁸.
- Demonstrated improvements in cardiovascular risk factors - major reductions seen in systolic and diastolic blood pressure, LDL cholesterol, and triglycerides⁹.
- Prevention or delay of type 2 diabetes and cardiovascular risk factors have been shown to last for at least 10 years.
- Effective across all racial/ethnic groups, genders, and adult age ranges.
- Delivery to 100 high risk adults aged 50 and older for 3 years prevented 162 missed work days and averted \$91,400 in health care costs^{10,11}.

Cost Savings Potential through 2020 from Scaling the Diabetes Prevention Program in the U.S.¹²



Diabetes Prevention Program Potential ROI[†]

No. of employees	100	250	500
No. of EPD ^{††} (Based on CDC Prevalence Estimates)	35	88	175
DPP Cost for EPD (at avg. cost of \$300 per person)	\$10,500	\$26,400	\$52,500
Insurance Cost for EPD (Based on UHG Cost Estimates)	\$154,000	\$387,200	\$770,000
Potential Cost Increase/Year if:			
A) 25% of EPD develop diabetes ^{†††}	\$63, 875	\$160,600	\$319,375
Return on Investment		608%	
A) 50% of EPD develop diabetes ^{†††}	\$127,750	\$321,200	\$638,750
Return on Investment		1,217%	
A) 75% of EPD develop diabetes ^{†††}	\$191,625	\$481,800	\$958,125
Return on Investment		1,825%	

[†]Adapted from ADA's Company Diabetes Impact Reference Chart

^{††}Employees with pre-diabetes

^{†††}Without DPP intervention



Employers Can Take Action to Prevent Diabetes

- Talk to your health insurer about offering the Diabetes Prevention Program as a covered benefit to eligible employees[∞].
- Educate employees about diabetes risk factors (see “Additional Resources” section below for a list of free downloadable materials).
- Encourage employees to get screened for pre-diabetes or take the [CDC self-assessment test](#).
- Offer a wellness credit or other incentives to employees that are engaged in healthy lifestyle programs such as the Diabetes Prevention Program.
- Invite Diabetes Prevention Program administrators to offer information sessions during “brown bag” luncheons or other informal company events or meetings.
- Work with certified Diabetes Prevention Program instructors to facilitate onsite classes.

[∞]Employers insured through UHG may already elect the DPP as a covered employee benefit. Consult your UHG representative for additional information. Employees that meet the DPP enrollment criteria may be eligible for reimbursement after the completion of the program (employees must meet class attendance and weight loss/physical activity requirements to qualify for reimbursement).

For more information on enrollment criteria for the DPP, contact the [CDC National Diabetes Prevention Program](#) at: <http://www.cdc.gov/diabetes/prevention/> or the [Y Diabetes Prevention Program](#) at: <http://www.ymca.net/diabetes-prevention/>

Additional Resources

[Centers for Disease Control and Prevention, National Diabetes Prevention Program](#): A public-private partnership of community organizations, private insurers, employers, health care organizations and government agencies. <http://www.cdc.gov/diabetes/prevention/>

[DiabetesAtWork.org](#): Provides information geared towards employers and businesses to help reduce health care costs and improve productivity by maintaining a healthy workforce. <https://diabetesatwork.org/>

[National Diabetes Education Program](#): Federally-funded program to improve the treatment and outcomes for people with diabetes, promotes early diagnosis, and prevent or delay the onset of type 2 diabetes. <http://www.ndep.nih.gov/index.aspx>

[Y Diabetes Prevention Program](#): Directory of participating Ys (Indiana sites include Bloomington, Evansville, Fort Wayne, and Indianapolis). <http://www.ymca.net/diabetes-prevention/>

[ISDH Cardiovascular and Diabetes Section](#): Information and resources on diabetes and prediabetes, Indiana Facts and Figures, Community Resources. <http://www.diabetes.in.gov>

References:

1. National Center for Chronic Disease Promotion and Health Promotion Centers for Disease Control and Prevention (2011). *Diabetes: Successes and Opportunities for Population-Based Prevention and Control, At a Glance, 2011*.
2. Indiana State Department of Health (2012). *Behavioral Risk Factor Surveillance System*.
3. Indiana State Department of Health (2012). *Vital Records, 2009*.
4. American Diabetes Association. Standards of medical care in diabetes - 2012. *Diabetes Care*. 2012;35(suppl 1):s11-s63.
5. American Diabetes Association - Indiana Area (2011). Economic Impact of Diabetes. Retrieved from <http://www.diabetes.org/in-my-community/local-offices/indianapolis-indiana/assets/files/economic-impact-of-diabetes.pdf>.
6. *Ibid.*
7. Indiana State Department of Health (2012). *Behavioral Risk Factor Surveillance System*.
8. DPP Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002; 346(6):393-403.
9. DPP Outcomes Study Research Group. Long-term effects of the diabetes prevention program interventions on cardiovascular risk factors. *Diabet Med*. 2013; 30(1):46-55.
10. DPP Research Group. Within-trial Cost-effectiveness of Lifestyle Intervention or Metformin for the Primary Prevention of type 2 Diabetes. *Diabetes Care*. 2003; 26(9): 2518-23.
11. Ackermann, et al. An Evaluation of Cost Sharing to Finance a Diet & Physical Activity Intervention to Prevent Diabetes. *Diabetes Care*. 2006; 29(6):1237-41. Scaled to 2008 \$US.
12. UnitedHealth Center for health Reform & Modernization. The United States of Diabetes: Challenges and opportunities in the decade ahead. Working Paper 5, Nov. 2010