



Prediabetes is Affecting Your Workforce: How You Can Help

CALL TO ACTION:

Take control of rising diabetes-related costs and ensure the health of your employees or members. Offer the National Diabetes Prevention Program (DPP) as a covered health benefit today.

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

- An estimated **88 million Americans**—and likely a growing number of your employees—**have prediabetes**, putting them at risk for type 2 diabetes, which can lead to kidney failure; blindness; heart attack; stroke; and loss of toes, feet, or legs. Only 2 in 10 people with prediabetes know they have it.¹
- Diabetes in adults has tripled in the past two decades; it is estimated that **1 in 3 adults in the United States could have diabetes by 2050**.²
- Diabetes **doubles the risk of physical disability**; adults with diabetes who are 50 years or older lose independence 6–7 years before their peers without diabetes.³
- Diabetes is the **costliest** of the 155 most common diseases in the country, at \$327 billion in 2017. That's an **increase of 60 percent** from 2007.^{4,5}
- Care for people with diabetes was responsible for **1 in every 4 U.S. health dollars spent**. Annual medical expenditures were \$16,750 per person with diagnosed diabetes—2.3 times as much as for those without diabetes.⁴
- But type 2 diabetes, the most common form of diabetes, is preventable!

The National Diabetes Prevention Program is proven to reduce the risk of developing type 2 diabetes. It can help you reduce costs, increase productivity by reducing absenteeism, and promote the health of your employees.

- The National DPP is led by the Centers for Disease Control and Prevention (CDC). It can help people at risk for type 2 diabetes make lifestyle changes and cut their risk of developing the disease.
- Research examining the effects of the National Diabetes Prevention Program showed that weight loss of 5–7 percent of body weight **reduced risk of developing type 2 diabetes by 58 percent**. For people over 60 years of age, the program reduced risk by 71 percent.⁶
- Even after 10 years, program participants had a **34 percent lower rate of type 2 diabetes**.⁷

- As a covered benefit, these programs can help employers manage their health care costs and help insurers control premium increases, making health plans more competitive.
- The one-year program is **cost-effective** and can be **cost-saving** through reductions in health care spending.⁸
- The **cost of preventing type 2 diabetes is typically much lower than the cost of managing the complications** of it.⁹

Next steps for employers and insurers

1. **Contact the Ohio Department of Health (ODH)** to discuss incorporating the National Diabetes Prevention Program lifestyle change program as a medical or wellness benefit for your employees.
2. Complete the [Employer Market Assessment](#) to help ODH understand interest and recent action related to coverage of the National DPP.
3. Check out the **employer and commercial insurer resources** on the National DPP Coverage Toolkit: <https://coveragetoolkit.org/>
4. Based on your employee demographics, estimate the **return on investment** (ROI) of the National DPP using CDC's cost calculator: <https://nccd.cdc.gov/Toolkit/DiabetesImpact>
5. In partnership with ODH, **join the Employer Learning Collaborative** to learn more about the National DPP and to share thoughts and best practices around implementing the program for your employees.

To learn more, contact:

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¹ Centers for Disease Control and Prevention. *National DIABETES STATISTICS REPORT, 2020*. ATLANTA, GA., CENTERS FOR DISEASE CONTROL AND PREVENTION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2020.

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- ² BOYLE JP, THOMPSON JT, GREGG EW, ET AL. PROJECTIONS OF THE YEAR 2050 BURDEN OF DIABETES IN THE US ADULT POPULATION: DYNAMIC MODELING OF INCIDENCE, MORTALITY, AND PREDIABETES PREVALENCE. *POPUL HEALTH METR* 2010;8:1–29.
- ³ BARDENHEIER BH, LIN J, ZHUO X, ET AL. DISABILITY-FREE LIFE-YEARS LOST AMONG ADULTS AGED ≥50 YEARS, WITH AND WITHOUT DIABETES. *DIABETES CARE*. 2016;39:1222–1229.
- ⁴ DIELEMAN JL, BARAL R, BIRGER ML, ET AL. U.S. SPENDING ON PERSONAL HEALTH CARE AND PUBLIC HEALTH, 1996–2013. *JAMA*. 2016;316:2627–2646.
- ⁵ AMERICAN DIABETES ASSOCIATION. ECONOMIC COSTS OF DIABETES IN THE U.S. in 2017. *Diabetes Care*. 2018;41:917–928.
- ⁶ 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.
- ⁷ 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.
- ⁸ Diabetes Prevention Programs: Effectiveness and Value Final Evidence Report and Meeting Summary July 25, 2016, Institute for Clinical and Economic Review. Retrieved from https://icer-review.org/wp-content/uploads/2016/07/CTAF_DPP_Final_Evidence_Report_072516.pdf
- ⁹ Centers for Disease Control and Prevention. Diabetes Prevention Recognition Program WORKING WITH EMPLOYERS AND INSURERS GUIDE for CDC-Recognized Organizations. 2017.