Helping 86 Million Americans Prevent Type 2 Diabetes

A Chronology of the Diabetes Prevention Program

1996  NIH begins Diabetes Prevention Program (DPP) clinical trial to compare effectiveness of intensive lifestyle changes vs. an oral medication (metformin) in preventing or delaying the onset of type 2 diabetes.

2001  DPP halted and all participants are offered the lifestyle intervention program because it is so effective in reducing type 2 diabetes risk.

2002  DPP results officially released in New England Journal of Medicine showing that lifestyle intervention reduces the risk of developing type 2 diabetes by 58% overall, and by 71% among older adults.

2008  Research by Indiana University School of Medicine shows that the DPP intervention can be offered cost effectively in community settings like local Ys at a cost of $300/participant or less (current real-world estimates are $400-$500).

2009  Results from 10 year follow-up to the DPP published in The Lancet show that prevention or delay of diabetes through lifestyle intervention persists for at least a decade.

In a unique public-private partnership, the Centers for Disease Control and Prevention (CDC) and Emory University establish the Diabetes Training and Technical Assistance Center (DTTAC) to grow and strengthen the nation’s network of diabetes prevention programs.

2010  The Diabetes Prevention and Control Alliance is created through a partnership of UnitedHealth Group and Y-USA to provide the Y’s DPP at no out-of-pocket cost to UnitedHealthcare members.

2011  CDC establishes the Diabetes Prevention Recognition Program to assure that DPP programs are delivered effectively and consistently across the nation. Today, nearly 500 community-based programs in 44 states are awaiting recognition.

2013  As of December 2013, the Y was offering its DPP in 754 locations in 39 states. American Journal of Preventive Medicine publishes special supplement on diabetes prevention that showcases the effectiveness and successes of the Y-DPP over the past decade.

2014  A study by the consulting firm Avalere estimates that including the National DPP as a Medicare benefit could reduce the incidence of type 2 diabetes among seniors by 37%—resulting in 1 million fewer cases of diabetes among older Americans by 2024—and decrease federal spending by $1.3 billion dollars over 10 years. Currently half of all Americans age 65 and older have prediabetes and are at risk for developing type 2 diabetes.

The Diabetes Advocacy Alliance continues to advocate for $20 million for the CDC to continue expansion of the National Diabetes Prevention Program.

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