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Diabetes Prevention Program: Evidence, Translation, and Opportunities for Referral

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REDUCTION IN THE INCIDENCE OF TYPE 2 DIABETES WITH LIFESTYLE

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

DIABETES PREVENTION PROGRAM RESEARCH GROUP*

Study population (n=3,234)

adults >25y, clinical prediabetes, BMI >24 (>22 in Asian Americans) Standard lifestyle recommendations, then randomized:

Intensive lifestyle intervention

n=1,079

Metformin (850 mg BID)

n=1,073

Placebo (BID)

n=1,082



Intensive Lifestyle Intervention (ILS)

Goals

 Achieve and maintain a weight reduction of at least 7% of initial body weight through healthy eating and physical activity

 Achieve and maintain a level of physical activity of at least 150 min/week through moderate intensity activity (mainly brisk walking)

Study subjects were also assigned fat gram goals (<25% total cal) and sometimes calorie goals



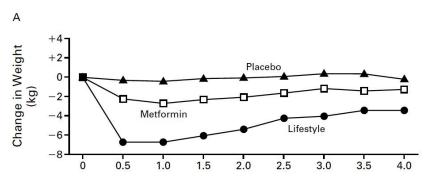
Intensive Lifestyle Intervention (ILS)

Key Aspects

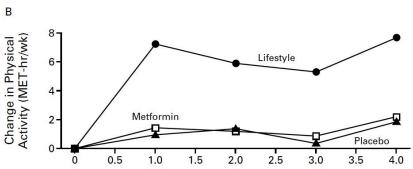
- Individual case managers or "lifestyle coaches" (registered dietitians)
- Intensive, ongoing intervention
 - 16 sessions over 24 weeks, 1:1 with the lifestyle coach for individualized support
 - Supervised exercise sessions offered at least 2x per week
- Post-core phase
 - sessions at least once every 2 months
 - phone calls at least once between sessions
- Incentives (exercise videos, personal trainer, t-shirts, cooking classes, etc)



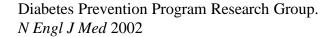
Changes in Body Weight (Panel A) and Leisure Physical Activity (Panel B)



7% weight loss goal: achieved by 49% of participants at 6-months



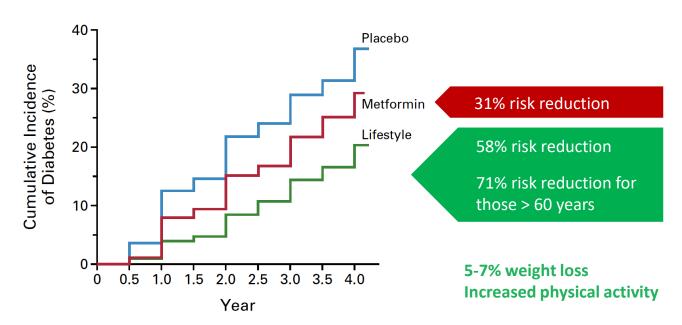
150 min/wk activity goal: achieved by 74% of participants at 6-months





DIABETES PREVENTION PROGRAM: THE EVIDENCE

Cumulative Incidence of Diabetes According to Study Group





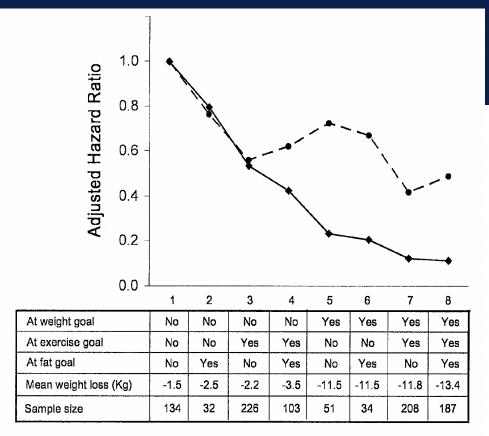


Figure 2—HRs for diabetes onset over 3.2 years of follow-up in DPP ILS subgroups defined by meeting intervention goals at 1 year compared with those meeting none of the goals (group 1). The solid line is adjusted for baseline covariates used in Table 2 (other than IGR and insulin); the dashed line is also adjusted for weight change over time. \blacklozenge , adjusted HRs; \blacktriangledown , adjusted HRs plus weight change.

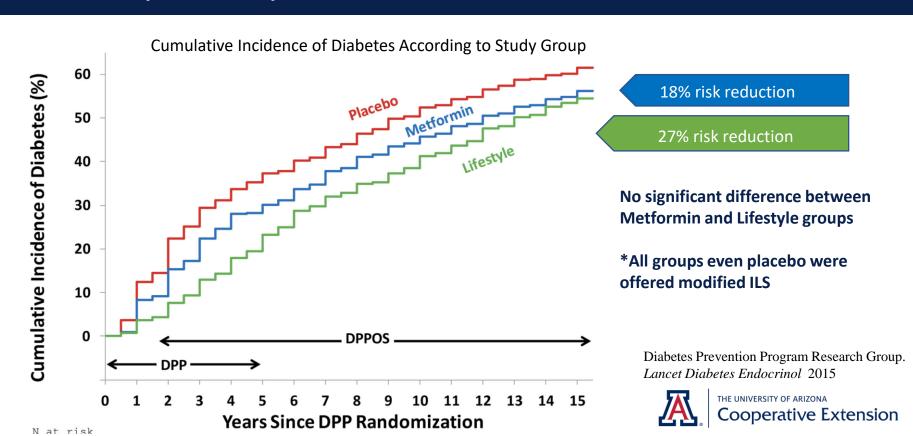
Hamman et al; Diabetes Care, 2006

Among ILS participants:

- Meeting physical activity but not weight goal still reduced risk
- Meeting weight, PA, and dietary fat goals (all three) reduced risk the most
- Weight loss was dominant determinant of reduced risk



DIABETES PREVENTION PROGRAM OUTCOMES STUDY (DPPOS)



Risk Reduction Persists

	After ~3y	After 10 y	After 15 y	After 20 y
ILS vs placebo	58%	34%	27%	25%
MET vs placebo	31%	18%	18%	18%

ILS and MET:

Prevention effects remain 22 years after the start of the study

In those who didn't develop T2D, lower risk of micro- and macrovascular disease



National Diabetes Prevention Program (DPP) Lifestyle Change Program



CDC-Approved Curriculum

Evidence and practice-based material focused on healthy lifestyle choices



Group Support

Emphasis on group support and group problem-solving over the course of the year.



Lifestyle Coach

Trained individual that serves as group facilitator over the course of the year



Accreditation & Reimbursement

CDC Recognition process Medicare, Medicaid (certain states), and some private insurance plans.



Lifestyle Change Program - PreventT2 2021

Sessions 1-8 Foundation

Focused on the fundamental skills required for DPP goal achievement

Sessions 9-16

Focused on the psychological, social and motivational elements of the lifestyle change process.

No longer has a dietary fat goal



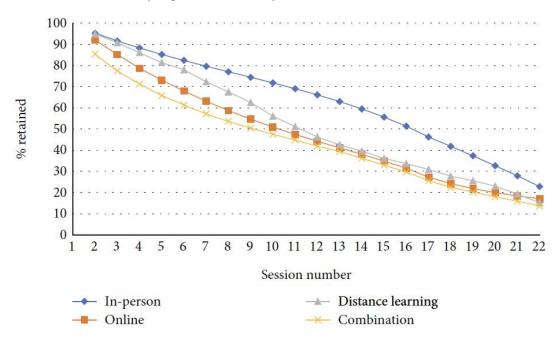
- 1. Introduction to the program
- **2.** Get active to prevent T2
- 3. Track your activity
- 4. Eat well to prevent T2
- 5. Track your food
- 6. Get more active
- 7. Burn more calories than you take in
- 8. Shop and cook to prevent T2
- 9. Manage stress
- 10. Find time for fitness
- 11. Cope with triggers
- 12. Keep your heart healthy
- 13. Take charge of your thoughts

- **14.** Get support
- 15. Eat well away from home
- 16. Stay motivated to prevent T2
- 17. When weight loss stalls
- 18. Take a fitness break
- 19. Stay active to prevent T2
- 20. Stay active away from home
- 21. More about T2
- 22. More about carbs
- 23. Have healthy food you enjoy
- 24. Get enough sleep
- 25. Get back on track
- **26.** Prevent T2 for life



National DPP - Outcomes

Figure 1: Percent of participants in National DPP lifestyle change program retained at each session, by organization delivery mode

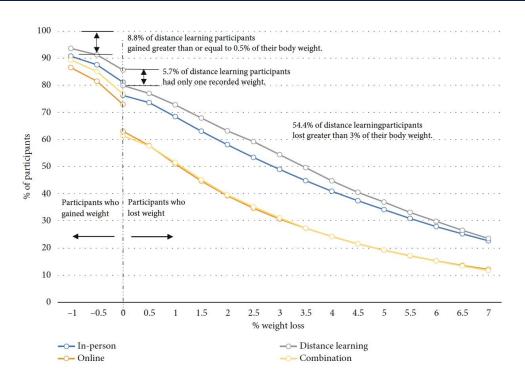


Retention through session 22

- highest among in-person participants (22.8%)
- lowest among combination participants (13.7%)



Weight loss outcomes – National DPP by delivery mode



Avg weight loss:

IP - 4.4%

Distance – 4.7%

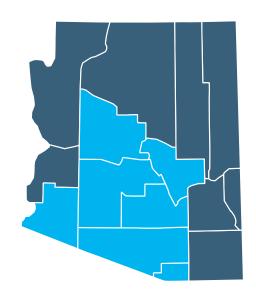
Online – 2.6%

Comb - 2.9%



University of Arizona Diabetes Prevention Program

- The University of Arizona Cooperative Extension DPP is offered across the state
 - In person (selected counties)
 - Remotely over Zoom
- Classes are offered in English or Spanish (depending on location/educator)
- Free of charge to eligible participants!
 (No insurance billing, no physician's referral required)



Counties where UA CE DPP educators are physically located



THE UNIVERSITY OF ARIZONA DIABETES PREVENTION PROGRAM



SEEING RESULTS



Participants lose an average of

10.5 lbs (5.3%)



Hemoglobin A1c lowers by an average of

0.2%

60.4% of participants complete the yearlong program



SAVING MONEY ON HEALTHCARE



combined yearly direct and indirect costs of diabetes in Arizona For every \$1 invested into our program

OVER \$5 were saved

in direct and indirect medical costs





IMPACTING SPOUSES AND CHILDREN

of participants reported their household members also lost weight

of participants reported their household members made healthy changes too

IMPROVING HEALTH BEYOND BLOOD SUGAR

Our DPP participants often report:

lower blood pressure

lower cholesterol

decreased joint pain

better sleep

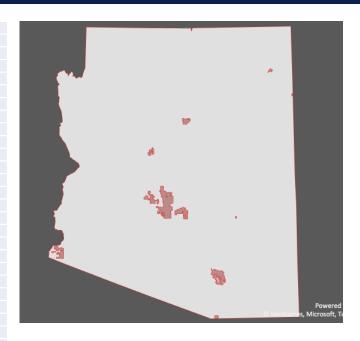
better mood





Refer your patients to a DPP

Chinle Comprehensive Health Care Facility	Chinle	In-person	
North Country HealthCare	Flagstaff	Distance Learning (live)	
Red Mountain Nutrition	Mesa	In-Person with a Distance Learning Component	
Mariposa Community Health Center	Nogales	In-person	
San Carlos Apache Healthcare	Peridot	In-person	
Arizona F.A.C.T.S. of Life	Phoenix	Combination with an Online Component	
Arizona F.A.C.T.S. of Life	Phoenix	In-person	
Holistic Healthcare Partners	Phoenix	Distance Learning (live)	
Phoenix Indian Medical Center - Diabetes Prevention Program	Phoenix	In-person	
St. Vincent de Paul Family Wellness Program	Phoenix	In-person	
Unlimited Potential	Phoenix	In-Person with a Distance Learning Component	
Valley of the Sun Young Men's Christian Association	Phoenix	In-person	
Yavapai County Community Health Services	Prescott	In-person	
J.E.M. Nutrition	San Tan Vly	In-Person with a Distance Learning Component	
Campesinos Sin Fronteras	Somerton	In-person	
San Luis Walk-In Clinic, Inc.	Somerton	In-person	
Rightway Pharmacy LLC	Sun City	In-person	
Sun Health Center for Health & Wellbeing	Surprise	In-Person with a Distance Learning Component	
Banner - University Medical Center South	Tucson	In-person	
Desert Life Pharmacy LLC	Tucson	In-person	
P3 Health Partners	Tucson	In-person	
Tucson Medical Center Pre-Diabetes Program	Tucson	In-person	
University of Arizona Cooperative Extension	Tucson	Distance Learning (live)	
University of Arizona Cooperative Extension	Tucson	In-Person with a Distance Learning Component	
Navajo Community Health Representative/Outreach Program	Window Rock	In-Person with a Distance Learning Component	
Yuma County Public Health Services District	Yuma	In-person	
Yuma's Health Matters Foundation, Inc.	Yuma	Combination with an Online Component	







CommunityCares – AHCCCS Referral System

Arizona's Statewide Closed-Loop Referral System

AHCCCS has partnered with Contexture and Unite Us to provide CommunityCares, Arizona's Statewide Closed-Loop Referral System.



Look for Diabetes Prevention Programs on here and refer your patients with prediabetes or at high risk for type 2 diabetes.

Cooperative Extension



Thank you!

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