Key National DPP Milestones

In 1996, the National Institutes of Health initiated a randomized clinical trial that showed that a lifestyle intervention with a focus on diet and exercise reduced the incidence of diabetes in high-risk individuals by 58%. Since that time, additional translational studies, large-scale program implementations, and decisions by public and commercial payers to cover prevention programs have evolved the understanding of and access to the National DPP lifestyle change program. These milestones display that rich history.

January 1996

The National Institutes of Health initiates a **randomized clinical trial evaluating the effectiveness** of a lifestyle intervention compared to a medication intervention on the effect of reducing the incidence of type 2 diabetes.

February 7, 2002

The Diabetes Prevention Program Research Group **publishes findings** from its randomized clinical trial in the New England Journal of Medicine, and substantiates that a structured lifestyle program reduced the incidence of diabetes in high-risk individuals by 58%.

October 2008

Ackermann, et al, publish a study in the American Journal of Preventive Medicine that identifies the **YMCA as a "promising channel"** for disseminating a lower-cost lifestyle intervention that is based on the randomized clinical trial but uses a group (v. individual) coaching model.

March 2010

Congress authorizes the CDC to establish the National Diabetes Prevention Program (National DPP) — a public-private initiative to offer evidence-based, cost effective interventions in communities across the United States to prevent type 2 diabetes.

August 2010

Rui Li, et al, **publishes an article about the cost-effectiveness of diabetes prevention interventions**, entitled "Cost-Effectiveness of Interventions to Prevent and Control Diabetes Mellitus: A Systematic Review" in Diabetes Care. The article arrives at the following conclusion: "Many interventions intended to prevent/control diabetes are cost saving or very cost-effective and supported by strong evidence. Policy makers should consider giving these interventions a higher priority."

January 2011

CDC begins building the National DPP infrastructure. Moving diabetes prevention from research to implementation in communities was a major undertaking. A concerted focus on building the infrastructure for and delivery of the adapted DPP lifestyle change program had not been done in the U.S. until 2010 when Congress authorized the CDC to establish and lead the National DPP.

September 13, 2011

The Centers for Medicare and Medicaid Services (CMS) announces that **ten states will receive grants through the Medicaid Incentives** for Prevention of Chronic Disease (MIPCD) program. Among those states, New York, Montana, and Minnesota planned to utilize grant funds to administer incentives to beneficiaries who participate in the National Diabetes Prevention Program.

September 2012

CDC awards 1212 grants to six national organizations to increase the number of CDC-recognized organizations offering lifestyle change programs via multi-state networks and to expand coverage through relationships with employers and insurers that lead to benefit coverage and reimbursement for delivery organizations.

February 2013

The CDC posts a funding opportunity for State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health. The **CDC awarded 1305 grants to all 50 states and D.C.** to raise awareness of prediabetes, increase referrals to CDC-recognized programs, and work with State Employee Benefit Plans and Medicaid to support coverage.

September 2014

CDC awards **1422 grants to 17 states and 4 cities** to expand on work started by 1212 and 1305 and **enroll vulnerable, high-risk populations** in the program.

July 13, 2015

The Community Preventive Services Task Force updates its Task Force Finding and Rationale Statement on Diabetes Prevention and Control, based on a review of 53 studies from January 1991 through February 2015. It concludes that combined diet and physical promotion programs are cost-effective, and recommends such interventions for individuals at increased risk for developing type 2 diabetes based on "strong evidence of effectiveness in reducing new-onset diabetes."

July 25, 2016

The Institute for Clinical and Economic Review **(ICER) publishes a Final Evidence report** entitled, "Diabetes Prevention Programs: Effectiveness and Value." ICER assessed 10 U.S. DPP programs with full or pending recognition from the CDC's Diabetes Prevention Recognition Program. The report concluded that the CDC-recognized programs provided "an incremental or better" net health benefit, and digital programs with fully automated (not human) coaching provided "comparable or better" net health benefit versus standard care.

November 4, 2016

The Centers for Medicare and Medicaid Services **(CMS) finalizes a rule to expand coverage** of the National Diabetes Prevention Program (called the Medicare Diabetes Prevention Program) starting January 1, 2018.

August 2017

The **CDC awards twelve 1705 cooperative agreements for a five-year timeframe** to build out the National DPP infrastructure in currently **underserved areas**. This initiative is an effort to ensure that all adults with prediabetes or at high risk for type 2 diabetes have the opportunity to enroll in a CDC-recognized evidence-based lifestyle change program.

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