*These talking points offer a variety of different points that you can make in communicating with employers or insurers about the business case for the National Diabetes Prevention Program. Use these talking points to guide a conversation or include relevant points in emails, fact sheets, or articles. Please customize the highlighted text to reflect your program’s name and information.*

**Business Case Talking Points for Employers/Insurers**

**Call to Action: Take control of rising diabetes-related costs and ensure the health of your employees (or members). Offer [Name of your program] as a covered health benefit today.**

**What Is [Name of your program]?**

[Name of your program] is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention. This proven program can help people at risk for type 2 diabetes make achievable and realistic lifestyle changes and cut their risk of developing type 2 diabetes. [Name of your program] is a year-long program with 16 weekly sessions and 6 monthly follow-up sessions with trained lifestyle coaches who empower participants to take charge of their health.

**Why Offer [Name of your program] as a Covered Health Benefit?**

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

* An estimated 79 million Americans have prediabetes, making them at greater risk for developing type 2 diabetes, heart disease, and stroke. [[1]](#endnote-1)
* Diabetes currently affects 1 in 10 adults, and the Centers for Disease Control and Prevention (CDC) estimates as many as 1 in 5 adults could have type 2 diabetes by 2025, if nothing changes.[[2]](#endnote-2)
* In 2012, the total cost of diagnosed diabetes was $245 billion, an increase of 41 percent from data collected just 5 years earlier. This includes $176 billion in direct medical expenses.[[3]](#endnote-3)
* People with diagnosed diabetes incur on average 2.3 times the medical expenses of comparable people without diabetes. The largest portion of these expenditures is for treatment of complications. iii

**[Name of your program] Works and is Cost-Effective**

This program gets results, and the incremental costs of adding [Name of your program] is a cost effective use of resources.

* Research examining the effects of a structured lifestyle change program like [Name of your program] showed that weight loss of 5-7 percent of body weight, achieved by reducing calories and increasing physical activity, reduced risk of developing type 2 diabetes by 58 percent in people at high risk for the disease. For people over 60 years of age, the program reduced risk by 71 percent.[[4]](#endnote-4)
* Even after 10 years, those who had participated in the lifestyle change program had a 34 percent lower rate of type 2 diabetes.[[5]](#endnote-5)
* The cost per person of offering the lifestyle change program is about $500, depending on factors such as promotion, recruitment, staff, and logistics costs. The cost of preventing diabetes is typically much smaller than the cost of managing the complications of type 2 diabetes.
* CDC has determined that intensive lifestyle interventions to prevent type 2 diabetes among people with impaired glucose tolerance to be “very cost-effective” and, in many cases, cost-saving.[[6]](#endnote-6)

**What You Can Do**

**[For employers]**

* Talk to your health insurance carrier(s) about covering [Name of your program] as a health benefit and offer it to your employees.
* Third-party administrators can help you determine potential ROI specific to your organization, as well as help implement the program, process claims, recruit participants, and collect data.
* Promote [Name of your program] to your employees. We can give you promotional resources, such as a risk test and a brochure describing the program and its benefits.

**[For insurers]**

* Consider including [Name of your program] in your suite of covered health benefits.
* Consider promoting [Name of your program] to your members. We can give you promotional resources, such as a risk test and a brochure describing the program and its benefits.

To learn more, visit [www.cdc.gov/diabetes/prevention](http://www.cdc.gov/diabetes/prevention) or contact: Your program name//Program contact name

Address 1//Address 2//Phone number//Email address

References

1. CDC. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: US Department of Health and Human Services, CDC; 2011. [↑](#endnote-ref-1)
2. Boyle JP, Thompson TJ, Gregg EW, Barker LE, Williamson DF. (2010) Projection of the year 2050 burden of diabetes in the US adult population: dynamic modeling of incidence, mortality, and prediabetes prevalence. *Population Health Metrics*. 2010;8:29, 2010. [↑](#endnote-ref-2)
3. American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care*; 2013;36(4):1033–46. [↑](#endnote-ref-3)
4. 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. [↑](#endnote-ref-4)
5. 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. [↑](#endnote-ref-5)
6. Li R, Zhang P, Barker LE, Chowdhury FM, Zhang X. Cost-effectiveness of interventions to prevent and control diabetes mellitus: A systematic review. *Diabetes Care*. 2010; 33(8): 1872–94. [↑](#endnote-ref-6)