



National Diabetes Prevention Program

What is it?

NDPP is a group-based, participatory workshop facilitated by a trained and CDC-certified lifestyle coach. Participants commit to losing 5% of body weight and increasing physical activity. The 26 sessions are delivered over 1 year, beginning weekly and transitioning to monthly. Curriculum focuses on healthy eating and exercise with an emphasis on calorie balance. Participants learn and apply practical strategies for staying motivated, managing stress, preparing food, solving problems, avoiding negative thoughts, and preventing relapse. Participant weight and physical activity is tracked throughout. The CDC collects and monitors data to ensure program effectiveness and certification status.

Who is it for?

Any adult (age \geq 18) with obesity and high risk of diabetes. Eligible with BMI \geq 24 (\geq 22 if Asian) and ONE of HgbA1C 5.7-6.4%, FPG 100-125 mg/dL, GTT 140-199 mg/dL, or previous gestational DM. Effect on progression to DM increases with higher A1C so reasonable to target obese individuals with A1C $>$ 6%. Participants must be motivated to lose weight, live a healthier life, and make a significant commitment to the program. Especially appropriate for Latino and African American populations when culturally matched programs are available, and for older adults and individuals with depression and/or social isolation. Not for people who currently have a diagnosis of DM.

What does it do?

Equips and encourages individuals at high risk of diabetes to enact sustainable lifestyle changes that result in a 4-7% loss of body weight. Original RCT showed 58% reduction to progression to diabetes (outperformed metformin). More recently, a CMS-funded translational study conducted in YMCAs across America confirmed average 5% weight loss and net savings of \$2600 per beneficiary in lay-led and group-based settings.

> For class information and to register, visit healthylivingforme.org

How to Discuss With Patients

This is an intervention for people at high risk of developing a disease. When discussing the program it is important to highlight this risk. You may also want to discuss the burdens of diabetes and encourage patients to talk to other people they know with diabetes about whether they would have taken the opportunity to prevent it. Do NOT feel compelled to use the term “prediabetes” as this label that may have little meaning to patients. It may also invoke unnecessary anxiety among people who will never progress to diabetes. It is best to encourage the patient and highlight your excitement and support for his or her journey toward better health.