

# NBCH action brief

## Prediabetes

Nearly 1 in 10 Americans have diabetes, and an estimated 1 in 3 have prediabetes.<sup>1</sup> With direct and indirect diabetes costs estimated at \$245 billion annually, employers are increasingly engaged in diabetes care, control, and prevention efforts.<sup>2</sup> If prediabetes is addressed, it prevents or delays the onset of type 2 diabetes, reducing such costs. This Action Brief outlines the scope of prediabetes; how health plans are addressing the issues based on data from eValue8, a resource used by purchasers to track health plan performance; and actions employers can take to engage and support their workforce in improving health, preventing type 2 diabetes, reducing risk factors, and better controlling existing conditions.

### WHAT'S THE ISSUE?

**IF CURRENT TRENDS CONTINUE, 1 IN 3 AMERICANS WILL HAVE DIABETES IN 2050<sup>3</sup>**

#### WHAT IS PREDIABETES?

- ▶ Prediabetes is determined when blood glucose levels (measured by an A1C test) are between 5.7% and 6.4%.<sup>4</sup>
- ▶ A diagnosis of prediabetes increases the risk for developing type 2 diabetes, and without lifestyle interventions to improve health, 15% to 30% of people with prediabetes will develop type 2 diabetes within 5 years.<sup>5</sup>
- ▶ Modest weight loss (5% to 7% of body weight), moderate physical activity, and dietary changes can reduce the risk of developing diabetes.<sup>6</sup>
- ▶ Despite the proven power of prevention, only 11% of those with prediabetes are aware of their condition, emphasizing the need to focus on education and engagement efforts.<sup>7</sup>
- ▶ Diabetes is the leading cause of blindness, kidney failure, and non-traumatic lower-limb amputations and the 7<sup>th</sup> leading cause of death.<sup>8</sup>

#### MAKING THE BUSINESS CASE

- ▶ Employers spend on average \$4,413 more for employees with diabetes as compared to those without the condition.<sup>9</sup>
- ▶ More than 30% of the costs associated with employees with diabetes are attributable to medically related work absences and disability.<sup>10</sup>
- ▶ Diabetes accounts for 15 million absent work days; 120 million work days with reduced productivity; and 107 million work days lost due to diabetes-related unemployment.<sup>11</sup>
- ▶ Employers investing in prevention can improve productivity and lower health care costs; for every \$1 spent on prevention, \$5.60 is saved in health spending.<sup>12</sup>

- ▶ The Diabetes Prevention Program, the largest efficacy trial in diabetes prevention, proved that lifestyle interventions for high risk individuals reduced one's chance of developing type 2 diabetes by 16% each year.<sup>13</sup>

### MEASURING UP

**EVALUE8 RESULTS FROM 2012 SHOW HOW PLANS ARE COMMITTED TO IDENTIFYING RISK FACTORS ASSOCIATED WITH PREDIABETES AS WELL AS PREVENTION EFFORTS THROUGH FITNESS, NUTRITION, AND WEIGHT MANAGEMENT SERVICES.**

- ▶ Approximately 90% of plans offer biometric health screenings as an employer option to purchase, and only 10% offer the service as a standard benefit to self-insured or fully-insured lives.
- ▶ All plans (100%) offer nutrition classes at employer sites, and over one quarter of plans (27%) provide these classes as a standard benefit for fully-insured lives.
- ▶ Over one-third of plans offer online social networks, which allow members to share information and support related to common health issues such as weight loss or prediabetes.
- ▶ Despite the obesity epidemic, health plans report identifying only 8% of members as obese. Only 2% of members are actively involved in the plan's weight management program.
- ▶ Almost all plans (99%) include an affinity program (e.g., nutrition program or fitness center discounts) to those in weight management programs. 71% offer this as a standard benefit for fully-insured lives, and 60% offer this as a standard benefit for self-insured lives.
- ▶ Nearly all plans (98%) offer members rewards for *participation* in weight management programs (nutrition and/or exercise).
- ▶ 78% of plans offer members rewards for *success* in weight loss or maintenance of weight loss.



## TAKE ACTION

### ACTION ITEM #1: Assess your population and increase prediabetes awareness

- ▶ Incentivize employees to take an annual [health risk assessment](#), a questionnaire that assesses individual health status and risks, such as prediabetes.
- ▶ Encourage employees to take a prediabetes risk assessment online. Risk tests provided by the [National Diabetes Prevention Program](#) as well as the [American Diabetes Association](#) prompt users to answer simple questions about their weight, age, family history and other potential risk factors for type 2 diabetes.

### ACTION ITEM #2: Support comprehensive prevention and management programs to target populations

- ▶ Steer employees to use diabetes self-care resources such as the National Diabetes Education Program's [Diabetes HealthSense](#), a site with age- and language-specific prediabetes and diabetes information, and [Game Plan](#), a diabetes prevention kit that provides risk assessment and tips on making healthier food choices and tips on making healthier lifestyle decisions.
- ▶ Offer programming and worksite support for healthy lifestyles to all employees, with targeted recruitment and education to those identified with prediabetes through assessment activities.
- ▶ Check to see if your community has programs to support lifestyle intervention, such as the [National Diabetes Prevention Program](#), a community-based model in which a lifestyle coach works with participants in a year-long program within a group setting on topics such as health eating, physical activity, and goal setting. If not, explore opportunities to work with other stakeholders, including your local health department, health care coalition, or [YMCA](#) to get recognized programs in place in your market.
- ▶ Review the state by state registry of [Diabetes Prevention and Control Programs](#) and [Registry of CDC Recognized Diabetes Prevention Programs](#) to engage in existing initiatives at the local level.
- ▶ Use tools such as [Diabetes At Work](#), a resource specifically designed for top-level managers to address prevention and the management of diabetes in the workplace, including

downloadable resources, lesson plans, and fact sheets for distribution.

- ▶ Similarly, the [Stop Diabetes @ Work](#) initiative helps employers take charge of employee health and reduce diabetes risk in the workforce. This program offers resources such as a co-branded employee portal and access to support from the American Diabetes Association at the community level.

### ACTION ITEM #3: Engage your health plan to supplement intervention efforts

- ▶ Work with your health plan to offer a lifestyle change program, like the CDC's recognized program, as a covered health benefit for your employees. Encourage your plan to reimburse organizations delivering the program (e.g., United Healthcare's [NOT ME Diabetes Control Program](#) or [Viridian Health Management MYWEIGH Program](#)) based on patient performance.
- ▶ Provide incentives for beneficiaries who maintain and improve their health. Establish a plan with a lower cost premium and lower out of pocket costs for tests, treatments, and prescriptions, in exchange for taking tests and medication as indicated, participating in lifestyle change programs, controlling weight, etc.
- ▶ Set expectations for the plan, including their ability to locate and interact with beneficiaries who can benefit from lifestyle change programs, coaching, or self-management tools to prevent or delay the onset of type 2 diabetes.
- ▶ Establish plan expectations and contractual terms that motivate the plan to connect with physician practices and/or encourage providers to refer patients with prediabetes or at high-risk for type 2 diabetes to a lifestyle change program.
- ▶ Incentivize employees to seek care from high-performing providers such as those identified by the [Diabetes Recognition Program](#) or [Bridges to Excellence](#).

### ACTION ITEM #4: Become a leader in your community

- ▶ [Employer-based health coalitions](#) can serve as vehicles for improving workforce and community health and getting the most value for health care expenditures at the local level. These collaborations leverage the voice and power of their employer purchaser members, often through strategic partnerships, to improve health and health care.

### ENDNOTES

- 1 Boyle, Thompson, Gregg, Barker, Williamson. Population Health Metrics 2010;8:29 [National Diabetes Fact Sheet, 2011. Centers for Disease Control and Prevention.](#)
- 2 [Economic Costs of Diabetes in the U.S. in 2012. American Diabetes Association.](#)
- 3 ["Number of Americans With Diabetes Projected to Double or Triple by 2050." Centers for Disease Control and Prevention. October 2010.](#)
- 4 [Diagnosis of Diabetes and Prediabetes. National Diabetes Information Clearinghouse. U.S. Department of Health and Human Services.](#)
- 5 [Fact Sheet. Diabetes at Work. Centers for Disease Control and Prevention.](#)
- 6 [Diagnosis of Diabetes and Prediabetes. National Diabetes Information Clearinghouse. U.S. Department of Health and Human Services.](#)

- 7 [Awareness of Prediabetes — United States, 2005–2010 MMWR Volume 62, No. 11 March 22, 2013](#)
- 8 [National Diabetes Fact Sheet, 2011. Centers for Disease Control and Prevention.](#)
- 9 Ramsey, S., et al. "Productivity and Medical Costs of Diabetes in a Large Employer Population." *Diabetes Care*. 25:1. January 2002.
- 10 Ramsey, S., et al. "Productivity and Medical Costs of Diabetes in a Large Employer Population." *Diabetes Care*. 25:1. January 2002.
- 11 [Fact Sheet. Diabetes at Work. Centers for Disease Control and Prevention.](#)
- 12 ["Public Health is ROI." National Public Health Week. American Public Health Association, 2013.](#)
- 13 Ibid