

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Chronic Disease
OBJECTIVE	2. Decrease the percentage of adults with diabetes
EBS PROGRAM DESCRIPTION	Diabetes Primary Prevention Programs/16-24 week classes in nutrition, physical activity, emotions, etc.
EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Diabetes Prevention Program

PROGRAM ATTRIBUTES	
Influence Level	Individual
Target Population	People with diagnosed pre-diabetes or who have multiple risk factors for diabetes, which include: obesity, racial/ethnic identity, close relative who had the disease, advanced age, gestational diabetes or giving birth to a baby who weighs more than 9 pounds
Intervention Setting	Community and Clinical settings such as local health departments, churches, community centers, community health centers, healthcare provider offices, hospitals
Key Measures	Surveys and structured interviews are recommended. Outcome evaluation indicators should include an assessment of training effectiveness based on pre- and post-course evaluation forms completed by program participants. Health outcome evaluation should include evaluating changes in aggregate cohort biometrics, including blood pressure and weight measurements and if possible, HbA1c.
Cost	\$275-\$325 per participant when using trained Y staff (Ackerman, et al); \$550 per participant when using CDE's (Amundsen, et al). Cost for group classes—lifestyle intervention.
Time to Implement	<u>Organization: 2-3 months to be trained and market the program</u> <u>Patient/Client : 16-24 weeks</u>
Difficulty to Implement <i>Resource Intensity</i>	Moderate (requires trained staff to deliver a CDC-recognized program)
ROI <i>if known</i>	Treating 100 high-risk adults (age 50) for 3 years: Prevents 15 new cases of type 2 diabetes (DPP Research Group, N Engl. J Med 2002 Feb 7; 346(6): 393-403) Prevents 162 missed work days (DPP Research Group. Diabetes Care. 2003 Sep. 26(9): 2893-4) Avoids the need for BP/Chol pills in 11 people (Ratner, et al. 2005 Diabetes Care 28 (4), pp. 888-894) Adds the equivalent of 20 perfect years of health (Herman, et al. 2005 Ann Intern Med 142 (5), pp. 323-32) Avoids \$91,400 in healthcare costs (Ackerman, et al 2006 Am J Prev Med 35 (4); estimate scaled to 2008 US dollars)

PROGRAM CONTACT INFORMATION	
Organization	N.C. Division of Public Health, Chronic Disease and Injury Section, Community & Clinical Connections for Prevention & Health Branch
Contact Person	April Reese
Email / Telephone	April.reese@dhhs.nc.gov
Web Site	www.ncdiabetes.org (offline until summer 2013)

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No	No but will provide support starting 7/1/2013
Specific group?	Not funding but will be working with programs to market and towards reimbursement
Other limitations?	
T.A. Contact	April Reese
Funding – Yes/No	Not at this time
Specific group?	
Other limitations?	
Funding Contact	N/A

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	Caroline Blackwell at WFU cblackwe@wakehealth.edu
#2 – Organization Name / Contact Information	Centro de Enlace Health Clinic, Burnsville, N.C. Elizabeth Turner, Executive Director (828) 682-6750
#3 – Organization Name / Contact Information	Gardner Webb YMCA, Shelby N.C. Cam Corder, CEO (704) 669-3622

OTHER COMMENTS / NOTES