



Taken together, prediabetes and diabetes cost the U.S. about \$322 billion annually in excess medical costs and lost productivity, or more than \$1,000 for every American, according to the American Diabetes Association.

Transforming Prediabetes Care Initiative

Challenge

An estimated 86 million people in the United States have prediabetes, a preventable health condition that increases the risk of chronic diseases including type 2 diabetes, heart disease and stroke. Fewer than ten percent of those with prediabetes are aware of their condition or of lifestyle changes that can stop disease progression. Lack of insurance and access to affordable health care plays a decisive role in the failure to have prediabetes diagnosed, amplifying health disparities.

Strategy

Americares is evaluating the ability of evidence-based programs to improve the health-related outcomes of prediabetic patients in the safety net setting. By increasing the identification of prediabetes, our initiative creates an opportunity for free and charitable clinics to focus on chronic disease prevention.

Expertise

The U.S. Program team has experience collaborating with free and charitable clinics, health care organizations and academic institutions to develop and implement innovative disease management programs. Americares also has access to the tools and resources necessary to implement these initiatives in low-income communities.

Diabetes Prevention Program

Americares is piloting the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (DPP) in the free and charitable clinic setting. The year-long program, with 16 weekly sessions and six monthly sessions, empowers participants to adopt healthy eating habits and increase physical activity to prevent disease. In Phase 1, Americares sponsored the training of two health coaches from each of the five participating clinics on the CDC curriculum and its implementation. Americares is also providing clinics with ongoing education, training and technical assistance, as well as a stipend to support staff time and resources dedicated to the program. The clinics are responsible for managing participant recruitment and retention, delivering the intervention and reporting data on their results.

Preliminary Results: Diabetes Prevention Program

Launched in November 2014, the three-year initiative is helping free and charitable clinics in Florida, South Carolina, Virginia and Missouri reduce the incidence of prediabetes among their low-income patients. Results will be finalized after the program ends in April 2017.

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Patients Enrolled

12 | **75%**
Sessions | Attendance
Average participant attendance in the 16 weekly sessions*

3 | **50%**
Sessions | Attendance
Average participant attendance in the six monthly sessions*

6 lbs. | **3.5%**
Average weight lost by participants*

*among those who attend at least four sessions

LONG-TERM GOAL AmeriCares aims to continue supporting successful disease management programs, such as the Diabetes Prevention Program (DPP), in the free and charitable clinic setting. Preliminary results suggest the program benefits low-income, uninsured patients. Once these results are final, AmeriCares and our partners plan to develop toolkits to implement this and other evidence-based initiatives in more clinics.



NEXT STEPS: Healthy Food Integration Pilot

DPP participants found the cost and accessibility of healthy food to be a significant barrier to program adherence and achieving a healthy lifestyle. In partnership with Feeding America, AmeriCares will be providing DPP participants at three free and charitable clinics with food insecurity screenings and a consistent supply of healthy food from local food banks. The goal is to assess free and charitable clinics' ability to address food security in their patient populations while continuing to achieve DPP goals, which include decreasing body weight and increasing physical activity. Additionally, patient-reported, quality-of-life measures are being evaluated for improvements that correlate with DPP participation.

DIABETES PREVENTION PROGRAM RESEARCH AND EVALUATION

Julie Darnell, PhD, MHSA, an Associate Professor at Loyola University Chicago, is using the following indicators to evaluate free and charitable clinics' ability to implement the Diabetes Prevention Program:

- Patient recruitment, attendance at mandatory educational sessions and disease self-monitoring.
- Health indicators including weight loss, body mass index (BMI), physical activity, hemoglobin A1c level and blood pressure.
- Outcomes including changes in quality of life as measured by PROMIS (Patient-Reported Outcomes Measurement Information System) and patients' engagement in managing their health (as measured by the Patient Activation Measure).