

National Diabetes Prevention Program



WHY MAKE A REFERRAL?

- It is estimated that 35% of adults are at high risk for developing type 2 diabetes¹.
- Type 2 diabetes can be prevented or delayed by lifestyle changes.
- The Diabetes Prevention Program has been shown to reduce the incidence of type 2 diabetes by 58%, and this risk reduction is sustained over time².

PROGRAM DESCRIPTION

Eighty-six million Americans now have prediabetes—that's 1 out of 3 adults! Of those 86 million, 9 out of 10 of them don't even know they have it. Without intervention, 15% to 30% of people with prediabetes will develop type 2 diabetes within 5 years¹. With numbers like that, it's important to learn about prediabetes and take action.

The National Diabetes Prevention Program (National DPP) is an evidence-based lifestyle change program with the goal to prevent or delay the development of type 2 diabetes and heart disease among at-risk Utahns.

PROGRAM BENEFITS

- Empowerment through education and application
- Movement toward a healthier self, one step at a time
- Sustainability through behavior change
- Increased physical activity
- Weight loss

WHAT IS PROVIDED TO PARTICIPANTS

This is a 12-month intensive lifestyle change program with 16 weekly and 6 monthly group sessions focusing on:

- Behavior change
- Healthy eating strategies
- Ways to become more physically active
- Getting 150 minutes of physical activity per week
- Achieving a 5-7% weight loss

The sessions are facilitated by trained lifestyle coaches that encourage, coach, and motivate participants to adopt sustainable lifestyle changes.

RESOURCES

Visit www.livingwell.utah.gov for more information.

FOR MORE INFORMATION ON THIS PROGRAM

livingwell@utah.gov

1-888-222-2542

INFORMATION

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SOURCES

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2014. www.cdc.gov/diabetes/prevention/prediabetes-type2/
2. Knowler WC, Barrett-Conner E, Fowler SE, et al.; Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002;346:393–403. www.nejm.org/doi/full/10.1056/NEJMoa012512#1=articleTop