



American College of Preventive Medicine

MEDIA CONTACT

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ACPM Announces National Diabetes Prevention Program Grant Winners

December 14, 2017 (Washington, D.C) – The American College of Preventive Medicine (ACPM) has selected six health care organizations to receive grants to develop new practice setting models that address the national type 2 diabetes epidemic. The awardees will develop and test new models to increase prediabetes awareness and screening, testing, and referral of patients with prediabetes to diabetes prevention programs recognized by the Centers for Disease Control and Prevention (CDC). The work will include referral models focused specifically on populations covered by Medicare as the Medicare Diabetes Prevention Program is scheduled to become a covered service starting April 1, 2018.

The grant awardees—two from each of three provider categories—include:

- **South Nassau Community Hospital** – Oceanside, New York (Integrated Delivery System)
- **Maine Medical Center** – Portland, Maine (Integrated Delivery System)
- **Griffin Faculty Physicians** – Derby, Connecticut (Independent Practice Association)
- **Accent on Health** – Washington, DC (Independent Practice Association)
- **Northeast Missouri Health Council** – Kirksville, Missouri (Federally Qualified Health Center)
- **Christopher Rural Health Planning Corporation** – Mulkeytown, Illinois (Federally Qualified Health Center)

The grants are part of ACPM's partnership with the CDC Division of Diabetes Translation and are supported through a cooperative agreement with CDC Office of State, Tribal, Local, and Territorial Support. This is the second group of grantees charged with developing models to increase enrollment in the National Diabetes Prevention Program (National DPP) as part of this grant program.

“The need to raise awareness and promote physician referrals to the program is critical,” said Robert Carr, President of ACPM. “There is tremendous value in the National DPP for preventing one of our nation’s most prevalent and growing conditions. We need to increase the number of patients who are referred by their physicians to the CDC-recognized diabetes prevention programs. We are excited about the innovative ideas and models that the grantees will develop to amplify and accelerate uptake in this important effort.”

According to the CDC, 84 million American adults are living with prediabetes—a serious health condition that can increase a patient’s risk for type 2 diabetes, heart attack, and stroke. The National DPP was founded on the science of the Diabetes Prevention Program research study and multiple translation studies which showed that making modest behavior changes helped adults with prediabetes lose 5 to 7 percent of their body weight and reduce the risk of developing type 2 diabetes by 58 percent.¹

Each grantee organization will work closely with ACPM to develop and document the best practice methods for increasing prediabetes awareness, screening, and referral within the practice setting. The work will result in case studies and toolkits that will be utilized by other health delivery organizations across the country.

At the conclusion of the project, grantees will present their findings at a day long Diabetes Prevention Institute being held in coordination with *Preventive Medicine 2018*, ACPM’s annual conference on May 22-26, 2018, in Chicago, Illinois.

About ACPM

The [American College of Preventive Medicine](http://www.acpm.org) is a professional society providing leadership in research, professional education, development of public policy, and enhancement of standards of preventive medicine for and on behalf of our physician members. Uniquely trained in both clinical medicine and public health, preventive medicine specialists are equipped to understand and reduce the risks of disease, disability, and death in individuals and in population groups.

For more information, please visit: <http://www.acpm.org/dpp>

1. *Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin. N Engl J Med 2002; 346:393-403. doi:10.1056/NEJMoa012512*