

Michigan DPP Community of Practice March 2026

Michigan Diabetes Prevention Network
MDHHS-Diabetes Prevention & Control Program

www.Michigan.gov/Diabetes



Mission

MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the state of Michigan.

Welcome!

- Thank you for coming!
- We will share a contact list after the presentation.
- We will cover:
 - World Kidney Day.
 - DPP Outcomes Study – Updated #s.
 - Coverage Toolkit & ROI Discussion.

When will the last snow fall this spring?



DPN Meetings

- 4/13 – Virtual (no registration req'd).
- 6/25 – In-person at Eastern Market, Detroit (register here: https://forms.office.com/Pages/ResponsePage.aspx?id=h3D71Xc3rUKWaoku9HII0QinSJ7ceQpMn8hn_G09nedUMVRQMEZZSVpJSzVQREZTWFAyVVc5N1pYRi4u).
- In 2027, aiming for:
 - Upper Lower Peninsula.
 - West Side of MI.

Michigan Diabetes Prevention
Network Summer Meeting



World Kidney Day & Kidney Month

Today is World Kidney Day!

- March is Kidney Month.
- Thursday, March 12 (today) is World Kidney Day!



Quick Kidney Health Facts

- Chronic kidney disease (CKD) is an under-recognized condition marked by gradual loss of kidney function, reducing the body's ability to remove waste.
- CKD affects:
 - More than 1 in 7 adults (35.5 million) in the U.S.
 - More than 1 million Michigan adults 20 and older.
- Routine screening and early detection can help slow progression.
- Understanding risks, especially for people with diabetes and/or high blood pressure, is a great place to start.

MDHHS Diabetes Site Resources



<https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/diabetes/whats-new>

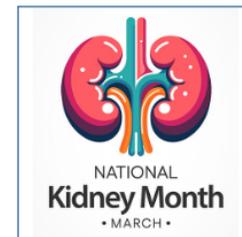
What's New

[Keeping Michigan Healthy](#) > [Chronic Diseases](#) > [Diabetes](#) > [What's New](#)

March is Kidney Month and Thursday, March 12, is World Kidney Day!

Communities and partners across Michigan are raising awareness about kidney disease risk factors, promoting screenings, and increasing knowledge about kidney health. Chronic kidney disease (CKD) is an under-recognized condition marked by the gradual loss of kidney function, reducing the body's ability to remove waste. CKD affects more than one in seven U.S. adults—about 35.5 million people—and more than one million Michigan adults age 20 and older. Routine screening and early detection allow for timely disease management that can slow progression and help prevent kidney failure.

Kidney disease awareness starts with understanding the risks, especially for those with diabetes and/or high blood pressure. Knowing a person's family history and talking to a health care provider about screening is a good place to start.



Free Ready-to-Go Information



- Risk quiz.
- Talk to your doctor guide.
- Short video: “Your Kidneys and You.”
- Handout to discuss the urine albumin to creatinine ratio test.
- Diabetes services map.
- Organ donor registry information.
- Link to National Kidney Foundation of Michigan resources.
- Governor’s Proclamation.
- And more!

- Any activities taking place today related to this day and/or month?

DPP Outcomes Study Updates

Long-Term DPP Success Data

- In 2002, an extension began of the original study that led to DPP as we know it (started in 1996 and ended early due to effectiveness).
- Findings over 21 years of follow-up show that, compared with the placebo group:
 - Diabetes incidence was reduced by 24% in DPP group and 17% in metformin group.
 - Median increases in diabetes-free years were 3.5 years in DPP group and 2.5 years in metformin group.
 - Cardiovascular events were 28% higher 15 years later with diabetes vs. no diabetes.
 - 81% higher nephropathy risk with diabetes vs. no diabetes.
 - 40% higher odds for retinopathy with diabetes vs. no diabetes.
 - DPP had no significant impact on cardiovascular or cancer outcomes.
 - Long-term follow-up continues.

More Detail (1)

- Effective prevention efforts can lead to sustainable decreases in diabetes burden for several decades.
- 21-year diabetes incidence:
 - 70% control/placebo
 - 66% DPP (switched with metformin after 15 years)
 - 64% metformin
- Diabetes risk 10 years after DPP completion was 56% lower for those who returned to normal glucose levels vs. those who stayed in prediabetes range, regardless of DPP vs. metformin.
- DPP had greatest effect on people with highest risk (higher baseline fasting glucose, A1c, and advanced age).
- Metformin showed greater impact in those younger at the start; it was ineffective in those 60 or older at baseline.

More Detail (2)

- At 21 years:
 - 24% had retinopathy if they had diabetes vs. 14% without diabetes.
 - 40% higher peripheral neuropathy in diabetes vs. no diabetes.
 - No significant difference in major adverse cardiovascular events (nonfatal myocardial infarction, stroke, and CVD).
 - Authors conclude that, despite long-term reduction in diabetes development and CVD risk factors, DPP and metformin may not have additional effects on cardio events – especially when people are using statins to lower blood pressure.
 - Once blood sugar levels, lipids, and blood pressure are well controlled, no benefit is apparent.
 - DPP and metformin did not impact all-cause mortality, or death due to cancer or cardiovascular disease specifically.

More Detail (3)

- At 21 years:
 - Cognition – there are no clear differences in cognitive function or dementia; researchers will continue to study this.
 - Frailty – people who developed diabetes were 50% more likely to be frail (increased risk of falls, hospitalization, and other physiologic decline).
 - Cancer – no significant difference in cancer diagnosis.
 - DPP is a cost-effective intervention.
- Researchers: More effective and longer-term weight loss interventions would further decrease type 2 diabetes development.

Study Design

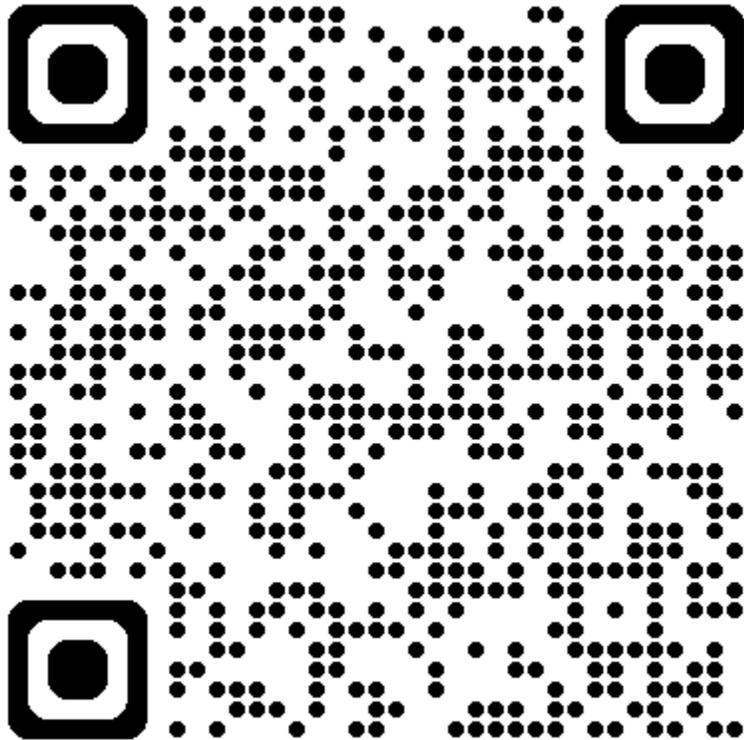
- Quarterly lifestyle sessions offered ongoing support for everyone.
- DPP participants were given 2 lifestyle campaigns 2x/year.
- The metformin group continued with the drug, even if diabetes was diagnosed, until their HbA1c was 7% or higher (they were then referred to a physician for diabetes treatment).
- 2x/year fasting plasma glucose and HbA1c measured.
- 1x/year oral glucose tolerance test for those without diabetes.

DPP Coverage Toolkit

Return on Investment (ROI)

Coverage Toolkit - ROI

<https://coveragetoolkit.org/cost-value-elements/>

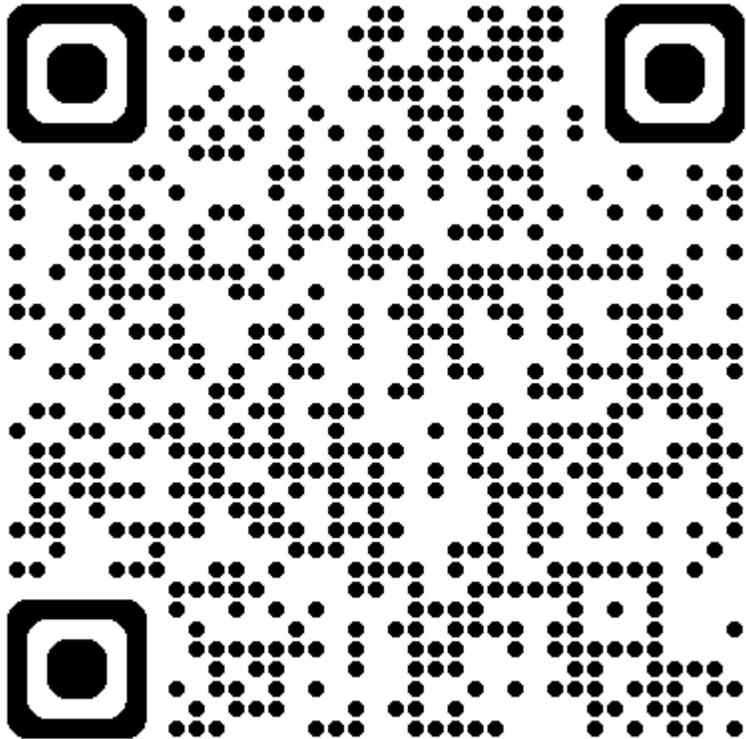


1. Analyzing Costs of Covering the National DPP Lifestyle Change Program
2. Return on Investment vs. Value on Investment
3. Costs Associated with Type 2 Diabetes
4. Evidence Supporting the Cost Effectiveness of Prevention
5. National DPP Lifestyle Change Program Costs
6. Budget and Impact Tools
7. All Payer Model
8. Value-Based Payments and Braided Funding

ROI Highlights

- ROI calculators.
- \$12,022 is the average medical expense attributable to diabetes vs. ~\$800 for DPP cost.
- Estimated \$4,552 saved by employers over 2 years for DPP participants.
- Estimated \$160,000 saved by employers per case of diabetes prevented.
- Reduces net Medicare spending.
- More stats and details on the website!

DPP Business Tools



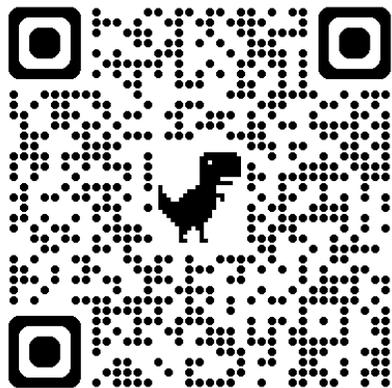
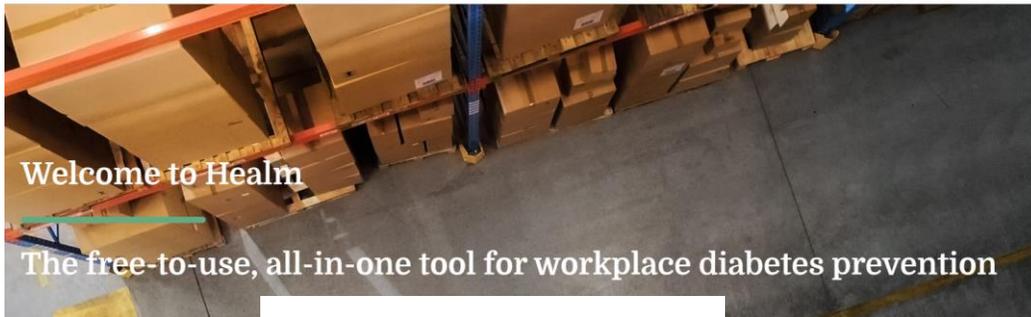
- dppbusinessstools.org
- Use to calculate:
 - DPP revenue projections/break even points.
 - Participant enrollment.
 - Medicare and Umbrella Hub capacity assessments.

Healm

- www.HealmatWork.org



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Sample Employer Dashboard

Show data for:

Total Eligible Enrolled: **400**
Number of Cohorts: **2**



Met 0.2% A1C Reduction Goal



Your Program

[View/Hide Cohorts](#)

Does your organization have coverage?

Your Program Goal:

By December 2023, screen or test at least 50% of our workforce for prediabetes.

Total Average Enrolled: **24%**

Annual Cost & Prevalence

[Edit Values](#)

800

Employees with Type 2 Diabetes

\$ 90,000

Annual Cost of Type 2 Diabetes

2000

Employees with Prediabetes



Wrap-Up

Thank you! Contact us at any time!



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