**Content for Tri-fold Brochure**

*The Brochure provides an overview of the National Diabetes Prevention Program, its benefits, and how to enroll. It is intended to offer printed material your audience can take home, read at their leisure, and share with others. Consider handing out the brochure at various community events, and locations where potential participants may be found. Because it includes the form for health care provider recommendation, it can be particularly useful when you wish to increase enrollment of individuals with a documented diagnosis of prediabetes. Replace highlighted text with information specific to your program.*

(*Cover page with pictures of potential participants and organization logos*)

**You can prevent Type 2 diabetes with [Organization/Program Name]**

(*Inside pages*)

If you have prediabetes or other risk factors for type 2 diabetes, it’s time to take charge of your health. The **[Organization/Program Name]** lifestyle change intervention can help you make lasting changes to reduce your risk of type 2 diabetes. [Organization/Program Name] is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC

**With the [Organization/Program Name] you get:**

* A CDC-approved curriculum
* The skills you need to lose weight, be more physically active, and manage stress
* A trained lifestyle coach to guide and encourage you
* Support from other participants with the same goals as you
* 16 weekly sessions
* 6 monthly follow-up sessions to help you maintain healthy lifestyle changes — and fun

**The [Organization/Program Name] is in your community**

[Insert local program details such as locations; contact name, phone and/or URL; schedules; cost, and enrollment information.]

Some insurance plans will cover the cost for the **[Organization/Program Name]**. Check with your insurance provider to see if it is covered. [*If your program offers scholarships or other ways to reduce cost, include that information here.*]

**Prediabetes can lead to Type 2 diabetes**

One out of three American adults has prediabetes, and most of them do not know it. Having prediabetes means your blood glucose (sugar) level is higher than normal but not high enough to be diagnosed as diabetes. This raises your risk of type 2 diabetes, heart disease, and stroke.

Without weight loss or moderate physical activity, many people with prediabetes will develop type 2 diabetes within 3 years. Type 2 diabetes is a serious condition that can lead to health issues such as heart attack; stroke; blindness; kidney failure; or loss of toes, feet, or legs.

The lifestyle changes you make in [**Organization/Program Name]**. will help you prevent or delay type 2 diabetes.

**You may have prediabetes and be at risk for Type 2 diabetes if you:**

* Are 45 years of age or older
* Are overweight
* Have a family history of type 2 diabetes
* Are physically active fewer than 3 times per week
* Ever had diabetes while pregnant (gestational diabetes) or gave birth to a baby that weighed more than 9 pounds

**Make a change – Start today!**

If you think you may be at risk for type 2 diabetes:

» Take this brochure to a health care provider.

* Ask to be tested for prediabetes. The health care provider may do a simple blood test.
* Ask the health care provider to fill out the *Recommendation Form* on the back of this brochure.
* Take the completed form to a program near you. To find a program, call or visit us on the web today.

» If you don’t have a health care provider, call us to find out if you qualify for the program.

» Take the “Could You Have Prediabetes?” online quiz at: www.cdc.gov/diabetes/prevention. If your score shows you are at high risk for prediabetes, talk to your health care provider or contact our program.

**Call or visit us on the web today!**

[Organization/Program Name] [Program Phone Number] [Program URL]

*(Back page*)

 Take this form to a health care provider. Then take the completed form to a **[Organization/Program Name]** near you.

**Recommendation form**

I recommend my patient,

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(First Name) (MI) (Last Name)

participate in the **[Organization/Program Name]** offered by [Organization] based on the following eligibility criteria:

* 18 years or older BMI ≥24 kg/m2 (≥22 if Asian)
* Diagnosis of prediabetes or GDM based on (check one or more)
* Fasting blood glucose (range 100–125 mg/dl)
* 2-hour glucose (range 140–199 mg/dl)
* HbA1c (range 5.7–6.4)
* Previous GDM (may be self-reported)

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(Provider Signature) (Date)

Provider Name:

Address:

Phone:

*Make a copy and give the completed form to the patient, who may contact the local program for more information and to enroll.*

[Organization/Program Name]

[Program Phone Number]

 [Program URL]