**Content for Health Care Provider (HCP) Fact Sheet**

*The fact sheet provides HCPs with an overview of your program’s lifestyle change intervention and how they can recommend patients to the program. HCPs can share the fact sheet with colleagues and other decision makers at their practice to see if your program is a good option for their patients. You may want to keep copies of this document on hand at your program site(s) as well as distribute them as appropriate to priority HCP’s. Replace yellow highlighted text with information specific to your program, and feel free to use this content in call-out boxes or different formats to meets your needs.*

**Are your patients at risk for type 2 diabetes? Test them today for prediabetes and recommend the [Your Organization/Program name] for those at risk.**

**About the [Your Organization/Program name]**

 [Your Organization/Program name] is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC).

It is a proven program that has been shown to prevent or delay type 2 diabetes in high-risk patients.

Research examining the effects of a structured lifestyle change Intervention like [Your Organization/Program name] showed that weight loss of 5 to 7 percent of body weight, achieved by reducing calories and increasing physical activity, reduced the risk of developing type 2 diabetes by 58 percent in people at high risk for the disease.

To learn more about this research, visit http://diabetes.niddk.nih.gov/dm/pubs/ prevention program.

**Which Patients Are Eligible for [Your Organization/Program name]?**

To participate, patients must:

* Be at least 18 years old;
* Be overweight BMI greater than or equal to 24; greater than or equal to 22 if Asian.
* Have established risk factors for developing type 2 diabetes; or
* Have been diagnosed with prediabetes within the past year or previously diagnosed with gestational diabetes.

**To find other programs in your area or to learn more about [Your Organization/Program name], visit www.cdc.gov/diabetes/prevention.**

[LOCAL AFFILIATE LOGO] [ORGANIZATION LOGO]

**[Your Organization/Program name] PROGRAM FEATURES**

* **Trained lifestyle coach**
* **CDC-approved curriculum**
* **Group support**
* **16 weekly meetings**
* **6 monthly follow-up sessions**

**WHAT PARTICIPANTS ARE SAYING…**

**“I’m so excited because I went to the doctor last week and all of my numbers were down, and I officially no longer have prediabetes.”**

**Vivien**

**“I’ve tried so many things before, but without the program I would never have done this on my own.”**

**David**

**How Does [Your Organization/Program name] Work?**

[Your Organization/Program name] empowers patients with prediabetes and those at risk for type 2 diabetes to take charge of their health and well-being. Participants meet in groups with a trained lifestyle coach for 16 weekly sessions and 6 monthly follow-up sessions to learn ways to incorporate healthier eating and moderate physical activity, as well as problem-solving, stress-reduction, and coping skills, into their daily lives.

**How Can My Patients Access [Your Organization/Program name] near them?**

[Your Organization/Program name] is a community-based program, so your patients can find it in varied locations like health care facilities, faith-based organizations, wellness centers, and worksites. Many private insurers, employers, government agencies, health care facilities, and community-based organizations offer access to and coverage of the program. [Your Organization/Program name] may be free to many of your patients based on their insurance coverage. [Note: Provide as much specific information as you can about the cost and coverage for your program]

**Recommending Patients Is Easy!**

Simply use the recommendation form available to share information about your local [Your Organization/ Program name] program and recommend those patients who are at risk for type 2 diabetes. To learn more or to request recommendation forms, please contact:

[Local program name]

[Program contact name]

[Address 1]

[Address 2]

[Phone number]

[Email address]