

## Diabetes STAT Transcript

**[John Anderton]** Welcome to The Community Guide’s podcast series, *In Their Own Words*. In this series, we’ll hear from people who have used findings from the Community Preventive Services Task Force to make communities healthier and safer.

I’m John Anderton and today we’re talking about the national campaign, Prevent Diabetes STAT, which used a Task Force recommendation for combined diet and physical activity programs to prevent diabetes. The campaign was developed through a partnership between the American Medical Association, or AMA, and the Centers for Disease Control and Prevention.

Joining me today are Dr. Patrick Remington, professor and associate dean for Public Health at the University of Wisconsin School of Medicine and Public Health, and Dr. Christopher Holliday, the AMA’s director of population health and clinical-community linkages. Dr. Remington is a member of the Community Preventive Services Task Force and Dr. Holliday is a Liaison representative to the Task Force. They both served on the team that oversaw the systematic review of combined diet and physical activity programs.

Let’s start with the basics. Dr. Holliday, tell us what Prevent Diabetes STAT is and what it aims to achieve.

**[Christopher Holliday]** Thank you John. The meaning of Prevent Diabetes STAT--specifically STAT--is Screen, Test, and Act Today. It’s a national campaign sponsored by the AMA and the CDC to address prediabetes, to encourage physicians to screen, test, and act by referring their patients with prediabetes to diabetes prevention programs, and for employers and payers to act by covering the diabetes prevention programs as part of their health plans, and to increase awareness among patients to act by knowing their risk. The AMA identified diabetes prevention or patients with prediabetes as a priority area. What’s critical here is that 86 million U.S. adults have prediabetes and 9 out of 10 of them don’t know they have the condition. What’s also important is, because there’s a window of time between prediabetes and type 2 diabetes during which prevention efforts can work, either to reverse the condition or to delay onset of type 2 diabetes. The campaign targets the general public, healthcare providers, and employers and insurers. We make sure that audience-specific messaging, media placements, a suite of tools and resources are widely available. Our primary message focuses on 3 steps: *screening*, meaning identifying those who are at risk, *validating* those who have prediabetes with a blood test either hemoglobin A1C or a fasting sugar or a fasting plasma glucose, and to *act*, meaning referring patients to diabetes prevention programs that are part of CDC’s National Diabetes Prevention Program.

**[John Anderton]** What role did evidence play in the development of this program?

**[Christopher Holliday]** There are two important things that happened around the same time. The U.S. Preventive Services Task Force, or USPSTF, issued a recommendation for clinicians and for clinical evidence that specified which patients at higher risk should be screened for type 2 diabetes, and recommended that all patients with abnormal results be referred to evidence-based prevention programs that rely on behavioral interventions, like those out of the Diabetes Prevention Program.

I was attending a Community Preventive Services Task Force meeting around this time and learned about the ongoing review of combined diet and physical activity programs to prevent diabetes among people at risk—the same group the USPSTF told providers to refer for behavioral programs. So, when the review was completed and the Task Force recommendations were released, we had evidence to support the “act” piece of Prevent Diabetes STAT.

**[John Anderton]** Dr. Remington, why were these two *separate* recommendations so important?

**[Patrick Remington]** Well, the recommendations were issued by two independent task forces, both made up of experts in the field, who came together to examine the findings from systematic reviews and issue findings. The Guide to *Clinical* Preventive Services looks at screening, counseling, and other preventive services typically delivered in clinical primary care settings. And the Guide to *Community* Preventive Services considers programs, services, and policies that are applied more broadly in communities. Both looked at systematic reviews of all available evidence to determine what works. In this instance, both task forces looked at diabetes prevention from different, but complimentary perspectives. The Clinical Task Force recommended that healthcare providers screen patients at risk to determine whether they had prediabetes, and the Community Task Force recommended a particular type of intervention proven to help those with prediabetes either reverse their condition or delay its onset.

**[John Anderton]** So tell me, what did the systematic review show?

**[Patrick Remington]** Among populations at increased risk of type 2 diabetes, combined diet and physical activity promotion programs led to improvements in health outcomes and risk factors for type 2 diabetes as well as cardiovascular disease. As a result of this program, 11 percent fewer people developed type 2 diabetes and 12 percent more people had normal blood sugar levels. When considered across a population, these are substantial figures. These programs were found to improve the length and quality of life, at a very reasonable cost. Considering the long-term outcomes, the evidence shows that they're cost-effective and provide good value for the dollars invested.

**[John Anderton]** Dr. Holliday, how did the AMA use this information to inform the Prevent Diabetes STAT?

**[Christopher Holliday]** Well, providers like to see the evidence and we were able to cite the task force recommendations. We worked with health care providers to develop tools that can be easily downloaded and used in practice—in doctors' offices, health care clinics, hospitals, and other clinical settings.

**[John Anderton]** Tell me, do you know yet if clinicians or care teams are using the website or viewing the tools?

**[Christopher Holliday]** We just got started but preliminary data show roughly 10,000 individuals across the nation have accessed our Prevent Diabetes STAT site this year alone. That's [preventdiabetesstat.org](http://preventdiabetesstat.org). Providers we've heard from have shared that many of them and their care team members are using our algorithm to query their electronic health records to find their patients who have prediabetes and are eligible for the diabetes prevention program. They like visual cues like the posters and the patient information handouts, they're taking different pieces of the tool kit and using them in different ways as appropriate for their different practices and work flows.

**[John Anderton]** Dr. Holliday, Dr. Remington—thank you for joining me today and telling us about this great new program.

**[John Anderton]** For more information on the Prevent Diabetes STAT campaign, visit [preventdiabetesstat.org](http://preventdiabetesstat.org). If you have a story that you'd like to share about how you used The Community Guide, we encourage you to tell us about it through our website: [thecommunityguide.org](http://thecommunityguide.org). This is John Anderton, and you've been listening to *In Their Own Words*, from The Community Guide.