DIABETES PREVENTION
IMPACT TOOLKIT

Data Input Checklist: Employer Module

WHAT do I use this checklist for?	Gather your organization-specific data to input into the Impact Toolkit for customized diabetes prevention results.
WHO should use this checklist?	Employers who want to project the effects of the National Diabetes Prevention Program (DPP) lifestyle change program for their employee population.
WHY should you use this checklist?	Use this checklist to gather key data for your employee population (e.g., characteristics, risk group, screening, program enrollment) and then enter the data into the Impact Toolkit for your customized results.
WHEN should you use this checklist?	Before using the Impact Toolkit to organize your employee population-specific data.
HOW should you use this checklist?	• Gather as many population-specific data inputs as you can and enter them into the Impact Toolkit online. • You do not need to collect data or make selections for all items in the checklist, only the ones you have data for and want to customize. For some inputs (e.g., Medical Costs, Annual Probability of Diabetes), customization is not recommended. • For more information on the input values, see the User Manual (Section 2) and the Technical Report. Both are available in the HELP section of the Impact Toolkit.

The following pages provide all data inputs on the Impact Toolkit's Employer Input Dashboard. This information is provided in tables that include descriptions of each data point, the toolkit's default values based on current literature, and a blank space to enter "Your Data Inputs." Footnotes provide details on each data input to address any assumptions and guide your data gathering.

For more details, see the Technical Report in the HELP section of the Impact Toolkit.

Population Characteristics		
Characteristic	**Default Value**	**Your Data Inputs**
Age Breakdown		
% Age 18–44	54.27%	
% Age 45–64	40.22%	
% Age 65–74	5.04%	
% Age 75+	0.47%	
Sex Breakdown		
% Male	53.82%	
% Female	46.18%	
Race/Ethnicity Breakdown		
% White (non-Hispanic)	66.75%	
% Black (non-Hispanic)	10.36%	
% Hispanic	14.99%	
% Asian (non-Hispanic)	5.10%	
% Other race/ethnicity[a]	2.80%	
Body Weight		
% Obese (body mass index [BMI] ≥ 30.0)	33.90%	
% Overweight (BMI <30.0 and ≥24.0)	41.58%	
% Normal weight (BMI < 24.0)	24.52%	

[a] Includes other non-Hispanic races and non-Hispanic multiracial persons.

Risk Group to Participate in Program		
Risk Group	**Default Value**	**Your Data Inputs[a]**
Persons with prediabetes	3.8%	
Persons with prediabetes and other persons at risk for type 2 diabetes	3.6%	
Persons with high-risk prediabetes	6.2%	

[a] A plausible range based on the available data is 1.0% to 7.0%. Using values outside of this range may lead to results with low credibility.

Screening		
Screening Assumptions	**Default Selection**	**Your Data Inputs**
No new screenings for prediabetes[a]	Checked	
Screen persons for prediabetes if they have not been previously screened	Unchecked	
Average number of persons screened for each case of prediabetes detected (only if conducting screening)[b]	2	

[a] In the default setting, we assume that 46% of your population has undergone screening recently (see Program Enrollment and Participation section).

[b] An increase in this number would reflect an unscreened population with a low prevalence of prediabetes. A decrease would reflect an unscreened population with a high prevalence of diabetes. If you're not sure about the underlying prevalence in your unscreened population, we recommend using the default setting (two people screened per case detected).

Program Enrollment and Participation		
Assumption	**Default Value**	**Your Data Inputs**
Percentage of eligible persons previously screened for prediabetes[a]	46%	
Percentage of eligible, previously unscreened persons now receiving screening[b]	100%	
Percentage of eligible, screened persons who participate in the intervention[c]	35%	

[a] Default value based on the percentage of persons at risk for diabetes who have been screened in the past 3 years.

[b] Default value assumes all persons with a BMI ≥24 who have not been screened receive screening.

[c] Default value based on the participation rate in a demonstration study of the National DPP lifestyle change program with large employers. The participation rate might be higher or lower for your company based on the incentives offered or the perceived benefits of participation.

Intervention Weight Loss and Regain Schedule		
Year	**Default Value[a]**	**Your Data Inputs[b]**
1	4.4%	
2	2.4%	
3	1.9%	
4	0.0%	
5	0.0%	
6	0.0%	
7	0.0%	
8	0.0%	
9	0.0%	
10	0.0%	

[a] This column shows the percentage of weight lost compared with baseline bodyweight. The National DPP lifestyle change program resulted in an average weight loss of 4.4% at the end of the first year of follow-up. The DPP Trial and long-term studies of real-world interventions have also shown that initial weight lost is regained in future years. Using data from these studies, we assume that about 50% of the weight lost is regained in Year 2 (2.4%), and another 20% is regained in Year 3 (1.9%). In Years 4 through 10, we assume that all weight lost has been regained (0%). These weight loss/regain assumptions are based on the National DPP lifestyle change program or similar programs with a maximum of 16 sessions over 6 months (no maintenance program after 6 months).

[b] Although default settings are based on the best available data for the average participant in the National DPP lifestyle change program, your population and program may differ from the average. Enter weight loss and regain assumptions according to the expectations for your program. If you're not sure what to expect from your program, we recommend using the default values.

Program Budget		
Assumption	**Default Value**	**Your Data Inputs**
Maximum program budget[a]	No maximum budget (box is left unchecked)	
Program budget value (only if maximum program budget box is checked)[b]	Not applicable	

[a] In the default setting, the Impact Toolkit assumes that a state, employer, or insurer will offer the program to all eligible persons who want to participate. However, if you have a limited budget for implementing the National DPP lifestyle change program or a similar program, then you can check the "Set maximum budget" box in this section to set a maximum budget.

[b] If you checked the "Set maximum budget" box, then the value you enter will limit the number of program participants based on the size of your eligible population, your program costs, and your screening costs (if you chose to screen previously unscreened persons).

Program Costs		
Assumption	**Default Value (2023 US dollar)**	**Your Data Inputs**
Program cost per person[a]	$499	
Screening cost per person (only if conducting screening)[b]	$15	
Other costs[c]	$24	

[a] The default cost of $499 is the cost of the group-based National DPP lifestyle change program or similar programs without any screening costs included.

[b] The $15 default cost is based on the price of the fasting serum glucose test ($7.22) or the hemoglobin A1c test ($17.85) according to the 2015 Medicare Laboratory Fee Schedule. Either of these tests can be used to diagnose prediabetes. If you plan to use one of these tests, or if you think your screening costs differ from these estimates, modify the data in this section as needed. If you plan to use the CDC Prediabetes Screening Test (a questionnaire that can also be used to determine eligibility for the National DPP lifestyle change program) instead of a blood test, then your costs may be lower.

[c] Other costs include the cost of a brief follow-up visit to discuss the results of the screening test. The default value of $24 is based on the Medicare physician fee (2015) associated with an evaluation and management visit of low complexity (HCPCS 99211) for an established patient (about 5 minutes of face-to-face time). You can add any other costs that apply to your screening program, such as the cost of recruitment. Recruitment costs may include the cost of brochures and other marketing materials, as well as staff time spent developing and distributing these materials. All costs should be calculated and entered per participant (i.e., total recruitment costs divided by the number of participants) because costs and outcomes in the Output Dashboard are calculated per participant.

Annual Diabetes-attributable Medical Costs per Person		
Assumption	**Default Value (2023 US dollar)**	**Your Data Inputs**
Costs incurred in the year of diagnosis[a]	$7,690	
Costs incurred per year after diagnosis[b]	$4,668	
Discount rate[c]	3.0%	

[a] Costs in the year of diagnosis are about 1.65 times higher than costs after the year of diagnosis. If you think excess medical costs associated with diabetes differ in your population, we suggest maintaining this approximate relationship between the diagnosis year costs and the costs in the years after diagnosis. We suggest staying within the range of $3,300 to $9,900 for costs incurred in the year of diagnosis.

[b] We suggest staying within the range of $2,000 to $6,000 for costs incurred each year after diagnosis.

[c] The discount rate input box accounts for the fact that the money we have today has more value than money we receive in the future. It accounts for future inflation, lost investment opportunity, and risk. Applying the discount rate allows for a more accurate comparison of the money that will be spent in the future versus the money that is spent today. An annual discount rate of 1.0% to 5.0% is common. Our default value is 3.0%.

Productivity Costs		
Assumption	**Default Value (2023 US dollar)**	**Your Data Inputs**
Days of work missed per year due to diabetes[a]	3.3 days	
Daily earnings for persons with diabetes[b]	$330	

[a] Days of work missed due to diabetes are the excess days of work missed by a person with diabetes compared with a similar person without diabetes (e.g., similar age, sex, comorbidities).

[b] This estimate is a weighted average of the estimated daily earnings reported in the Current Population Survey for males and females aged 45 to 64 years. We selected the 45 to 64 age group because the mean age of persons with prediabetes is about 52 years.