Progress and Impact Mid-Biennium Report: Diabetes Prevention Program (2025-2027)

Funding for OHA's Diabetes Prevention Program comes primarily from federal Centers for Disease Control and Prevention (CDC) grants. In the 2025-27 biennium, OHA has received $1.7 million and anticipates an additional $85,000 supplemental award.

Program background and summary

Diabetes is a common chronic disease that can lead to serious complications, negative impacts on quality of life, and adverse health outcomes, including death. OHA implements a diabetes prevention program that focuses on primary and tertiary prevention through increasing access and sustainability of evidence-based, self-management programs, including programs that are culturally and linguistically relevant for populations that experience disparities. This is achieved by improving access to Diabetes Self-Management Education Services (DSMES) and National Diabetes Prevention Program (National DPP) interventions, engaging community health workers (CHWs) to promote self-management programs and improving social needs screening and referrals.

OHA's diabetes prevention program is not explicitly supported by Oregon Legislative funding and no statute requires OHA to administer a diabetes prevention strategy or program. Instead, OHA's strategy aligns with that of the CDC's diabetes prevention program, which is prescriptive in terms of the types of interventions it will fund and focuses on promotion of individual self-management programs.

Trends and outcomes summary

OHA uses most of the CDC diabetes prevention grant to contract community partners to implement key parts of the diabetes prevention strategy such as technology infrastructure, clinical-community linkages, and building community capacity.

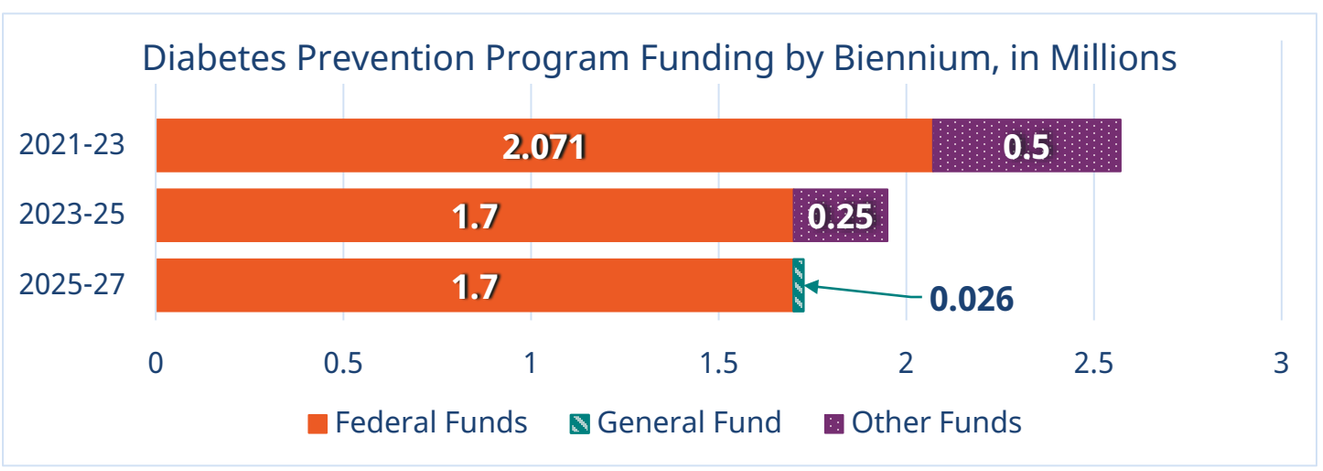
Oregon enrollment in National DPP peaked in 2019 at 2,926 and dropped to 1,008 in 2022. Since then, OHA and partners have made steady progress in increasing yearly enrollment. In 2024, enrollment reached 2,173.

Due to previous efforts by the OHA diabetes prevention program, National DPP services are eligible for Medicaid reimbursement. However, additional work is needed to support billing and reimbursement workflows, especially for non-medical community organizations.

OHA's diabetes prevention program supports a technology platform that enables anyone in Oregon to find and enroll in self-management programs.

Program funding

Total funding for Oregon’s Diabetes Prevention Program since the 2021-23 biennium*.



* Graph reflects funding awarded through July 1, 2026. An additional supplemental award of $85,000 is expected for the 2025-27 biennium.

Objectives, outputs and outcomes

The below represents select measures that demonstrate the work of the Diabetes Prevention Program during the first 12 months of the biennium. Metrics highlighted in **green** indicate performance that has met or exceeded the established benchmark, target, or expected outcome during the reporting period.

Objective 1:

Increase enrollment and retention of priority populations in the National DPP and the Medicare Diabetes Prevention Program.

Outputs:

Increased National DPP participation for Oregon Health Plan members as evidenced by an estimated **total of 150 claims billed to the Oregon State Medicaid Office, more than doubling from 71 the previous grant year.**

Conducted a provider outreach campaign to promote National DPP and other self-management programs in Oregon.

Outcomes:

Oregon Health Plan members can access evidence-based self-management programs for diabetes prevention.

Increased geographic reach and availability of National DPP services.

Objective 2:

Improve the sustainability of CHWs by expanding their involvement in evidence-based prevention and management programs.

Output:

The Oregon Community Health Worker Association **initiated work to achieve a fully functioning value-based CHW billing service infrastructure** for CHW organizations in Oregon.

Outcomes:

Increased number of CHWs eligible to bill for services.

Increased financial stability of CHW services.

Objective 3:

Improve the capacity of the diabetes workforce to address factors related to social determinants of health.

Output:

In partnership with the Oregon Rural Practice-Based Research Network, **four clinics have newly developed social needs screening and referral processes.**

Outcomes:

Increased capacity of clinics to perform social needs screenings and facilitate community-clinic linkages.

Social needs and other barriers to engage in diabetes self-management programs are addressed.

Considerations

Federal awards received during the 2025-27 biennium are for years 3 and 4 of the 5-year grant program cycle. Funding for year 5 and future grant cycles is not guaranteed and questions about the future of the CDC diabetes grant program exist due to significant planned changes to the federal budget and federal public health agency structure.

Other formats and languages

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Financial Investments and Outcomes Office at ashley.gonzalez@oha.oregon.gov or 503-269-1492 (voice/text). We accept all relay calls.

Public Health Division
Health Promotion and Chronic Disease Prevention
800 NE Oregon St, Suite 850
Portland, OR 97232
971-673-0984
Diabetes Prevention Program Website