



## DIABETES PREVENTION AND CONTROL PROGRAM APPROPRIATIONS FACT SHEET

FY 2012	President's 2013 Budget	FY 2013 Suggested
\$64,434,000	Coordinated	\$84,434,000

Currently all states are grossly underfunded to address the epidemic of diabetes through prevention and control. The proposed increase will enable states to expand their efforts. This request will also allow CDC to fund related activities that support the success of state-based programs.

### **Basic Facts about Diabetes**

- Diabetes is now the seventh leading cause of death. Overall the risk for death among people with diabetes is about twice that of people of similar age but without diabetes.
- 25.8 million Americans have diabetes, and 7 million of them don't know that they have the disease. An estimated 79 million U.S. adults aged 20 or older have million people are estimated to have pre-diabetes (elevated blood sugar levels but not high enough to be classified as having diabetes), which places them at increased risk of developing diabetes.
- Type 2 diabetes, once believed to affect only adults, is now being diagnosed among children and adolescents.
- Compared to non-Hispanic white adults, the risk of diagnosed diabetes was 18% higher among Asian Americans, 66% higher among Hispanics, and 77 percent higher among non-Hispanic blacks.
- The increasing prevalence of obesity has and will continue to have a profound effect on the number of people who develop diabetes in the future. Other risk factors for diabetes include age, family history, ethnicity, and history of gestational diabetes.
- About 1.9 million new cases of diabetes were diagnosed in people aged 20 years or older in 2010.
- Diabetes is the leading cause of kidney failure and new cases of blindness in adults. More than 60% of leg and foot amputations unrelated to injury occur in people with diabetes.

### **Cost of Diabetes to the American Health Care System**

- Each year, diabetes costs more than \$174 billion in direct and indirect costs. \$116 billion in direct medical costs and \$58 billion in indirect costs (disability, work loss and premature death).
- People with diagnosed diabetes, on average, have medical expenditures that are 2.3 times higher than what expenditures would be in the absence of diabetes.

### **Diabetes is Preventable and Controllable**

- Research has shown that targeted interventions for modest lifestyle changes in people at highest risk can prevent or delay the onset of type 2 diabetes. Lifestyle intervention to lose weight and increase physical activity reduced the development of type 2 diabetes by 58%, 71% among adults aged 60 years or older. Studies have found that better blood sugar control reduces the risk for eye disease, kidney disease and nerve disease by 40% in people with type 1 or type 2 diabetes.
- Blood pressure control reduces the risk of heart disease and stroke among people with diabetes by 33-50%. Detecting and treating early diabetic kidney disease by lowering blood pressure can reduce the decline in kidney function by 30-70%.
- Improved control of blood cholesterol levels can reduce cardiovascular complications by 20-50%.

## **CDC's Diabetes Program**

The backbone of the CDC Program is support for state and territorial Diabetes Prevention and Control Programs that work to prevent diabetes and its complications. These programs identify high-risk populations, improve the quality of diabetes care, ensure access to diabetes care by improving outreach and expanding services, and involve communities in improving diabetes care. CDC and state programs work with partners across healthcare to help improve care for people with diabetes - improving quality of life and saving healthcare dollars. Given the magnitude of the current diabetes epidemic and the relative lack of funding dedicated to it, states are not in the position to focus on the primary prevention of diabetes at this time. With an additional \$20 million CDC would provide additional resources to states to develop primary prevention projects targeting populations with pre-diabetes, and enhance their current population-based approaches for secondary and tertiary prevention for people with diabetes.

The CDC-led National Diabetes Prevention Program (National DPP) is a public-private partnership of community organizations, private insurers, employers, health care organizations, and government agencies working to deliver the diabetes prevention lifestyle change program. The inaugural partners of the National Diabetes Prevention Program were the Y (also known as YMCA of the USA) and UnitedHealth Group. CDC awarded a grant to the Y that initiated some of the first community-based sites to carry out the diabetes prevention lifestyle change program. The National DPP has delivered the lifestyle change program to approximately 5,000 people at high risk for type 2 diabetes in 46 communities in 22 states and has trained 530 lifestyle coaches.

States are in a unique position to reach state employees and citizens at risk for developing type 2 diabetes. Areas for impact may include: increasing access to the lifestyle change program; educating employers and insurers about the benefits of the lifestyle change program; implementing systems to increase provider referrals of people at high risk; and supporting health communication initiatives or coalition work that specifically addresses type 2 diabetes prevention.

States are beginning to engage in this work. Two examples of states in action include:

- West Virginia Public Employees Insurance Agency is offering the lifestyle program to state and local government employees.
- New York has approved Medicaid coverage for pre-diabetes group and individual lifestyle change counseling. Inclusion of this benefit in the waiver to CMS is being pursued by its Office of Health Insurance Programs.

\*For more information visit [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)

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