



**DIABETES PREVENTION AND CONTROL PROGRAM FY 2017  
APPROPRIATIONS FACT SHEET  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

<b>FY 2016</b>	<b>President's FY 2017 Budget</b>	<b>FY 2017 Suggested</b>
\$170,129,000	\$170,129,000	\$170,129,000

Historically all states have been grossly underfunded to address the epidemic of diabetes through prevention and control, and robust funding should continue to assure maximum impact of evidence-based strategies. 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%, and by 71% among adults aged 60 years or older.

**Basic Facts about Diabetes, Impacts and Costs**

- 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.
- 29.1 million Americans have diabetes, and 8.1 million of them don't know that they have the disease. An
  - estimated 86 million U.S. adults aged 20 or older are estimated to have pre-diabetes (elevated blood sugar levels), which places them at increased risk of developing diabetes.
- Type 2 diabetes, once believed to affect only adults, is now being diagnosed in people younger than 20 years. During 2008–2009 in the United States, 5,089 people younger than 20 years were newly diagnosed with type 2 diabetes.
- In 2012, about 1.7 million new cases of diabetes were diagnosed in people aged 20 or older.
- Compared to non-Hispanic white adults, the risk of diagnosed diabetes is 18% higher among Asian
  - Americans, 66% higher among Hispanics, and 77% higher among non-Hispanic blacks.
- 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.
- The estimated diabetes costs in the U.S is \$245 billion (\$176 billion in direct medical costs and \$69 billion in indirect costs). 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**

- 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 provides support to all 50 states and Washington, D.C. through the *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health* (1305) cooperative agreement

Under this cooperative agreement, states work with local health departments, hospitals, health clinics, providers, and numerous other partner organizations to reach individuals with and at risk for 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. Since 2012, CDC has funded six organizations to scale and sustain the National DPP including providing information to employers about offering the diabetes prevention lifestyle change program as a covered health benefit for employees, contributing to over one million employees having the program as a covered health benefit. Prior to the development of this program, there was no health benefit coverage for the diabetes lifestyle change program. CDC sets quality standards for ongoing monitoring of this investment and recognizes organizations that meet these standards. Currently, over 760 organizations have applied for CDC recognition. Organizations have delivered the lifestyle change program to approximately 32,000 people at high risk for type 2 diabetes in 49 states and the District of Columbia and have trained 2,370 lifestyle coaches.

States are in a unique position to reach state employees and citizens at risk for developing type 2 diabetes. Areas for impact include educating employers and insurers about the benefits of and increasing access to CDC-recognized National DPP providers, 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 also working to improve quality of care and access to diabetes self-management education (DSME) for people with diabetes, another major area of emphasis under the 1305 cooperative agreement.

After 2 years of work in these areas, CDC-funded grantees reported:

### **1. Increased access to DSME for people with diabetes**

- An increase in the number of American Association of Diabetes Educators (AADE)-accredited and American Diabetes Association (ADA)-recognized DSME programs from 2883 to 3109 across the U.S. This was an 8% increase over baseline.
- An increase in the number of Stanford-licensed Diabetes Self-Management Program workshops offered from 548 to 692. This was a 26% increase over baseline.
- An increase in the number of counties in the U.S. with an AADE-accredited or ADA-recognized DSME program from 1068 to 1196. This was a 12% increase over baseline.
- An increase in the number of counties with Stanford Diabetes Self-Management Program workshops from 159 to 213. This was a 34% increase over baseline.

### **2. Increased coverage for the National Diabetes Prevention Program**

- The National Diabetes Prevention Program's lifestyle change program is now included as a covered benefit for state employees in many states, encompassing a total number of 1,060,181 covered lives\*:
  - i. Colorado: 43,326 state employees and dependents covered under United Healthcare
  - ii. Kentucky: 264,000 state and education employees, retirees, and dependents
  - iii. Washington: 350,000 state and higher-education employees, retirees, and dependents
  - iv. Minnesota: 90,000 state employees and dependents
  - v. Maine: 30,000 state employees and dependents (coverage effective July 1, 2015)
  - vi. Ohio: 74,186 state employees and dependents covered under United Healthcare
  - vii. Louisiana: 180,000 state employees and dependents covered under BlueCross/BlueShield of Louisiana
  - viii. New Hampshire: 28,669 state employees, dependents, and retirees under 65

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

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