



**DIABETES PREVENTION AND CONTROL PROGRAM  
FY 2016 APPROPRIATIONS FACT SHEET  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

<b>FY 2015</b>	<b>President's FY 2016 Budget</b>	<b>FY 2016 Suggested</b>
\$140,129,000	\$140,129,000	\$140,129,000

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 79 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 among children and adolescents, and about 1.7 million new cases of diabetes were diagnosed in people aged 20 or older in 2012.
- 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.
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- 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.
- In 2012, the estimated diabetes costs in the U.S were \$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**

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- 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 basic support to all 50 states and Washington, D.C. through the State Public Health Approaches to Chronic Disease Prevention program (SPHA). The SPHA includes state programming for diabetes, obesity, heart disease and stroke, and school health. Also through SPHA, thirty-two states successfully competed to receive enhanced funding to expand the reach of evidence-based diabetes interventions and conduct

more comprehensive evaluation. States work with health departments, hospitals, health clinics, and providers 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 500 organizations have applied for CDC recognition. Organizations have delivered the lifestyle change program to approximately 15,000 people at high risk for type 2 diabetes in 38 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 may include: educating employers and insurers about the benefits of and increasing access to 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:

Washington State developed a statewide referral system in partnership with the state 211 Call Center ([www.win211.org](http://www.win211.org)) to drive traffic to local sites delivering the CDC recognized lifestyle change program. An estimated 1.6 million adults with pre-diabetes reside in the area covered by the Call Center, and 9,142 promotional materials were distributed by WIN 211 staff in the past year.

The Colorado Department of Public Health worked with the State Wellness Coordinator and representatives from key health plans to offer a National DPP demonstration project for state employees. This helped policymakers better understand the effectiveness of the program first-hand and resulted in the program becoming a covered benefit for public employees with fully insured United Healthcare plans on March 1, 2013 and for all 34,321 state employees on Sept. 1, 2013.

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

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