

DIABETES PREVENTION AND CONTROL

Background

Annually, 1.2 million Americans are diagnosed with diabetes. In 2024, 36.4 million Americans had type 2 diabetes (1 in 10 adults). An estimated 98 million U.S. adults, more than one in three, have prediabetes. Prediabetes indicates that blood sugar is higher than normal but not high enough to be diagnosed as diabetes. People in rural areas are more likely to develop and have diabetes compared to people in urban areas (about 10% of adults in rural areas are diagnosed with diabetes). With early action and detection, however, type 2 diabetes can be prevented or delayed.

CDC Programs to Address Diabetes

CDC's Division of Diabetes Translation (DDT) supports all 50 states in improving health outcomes for individuals with or at high risk for type 2 diabetes. In addition to overseeing the National DPP, DDT funds state and local health departments to improve access, participation in, and health benefit coverage for Diabetes Self-Management Education and Support (DSMES) services. These services help people manage daily diabetes care—eating healthy food, checking blood sugar, taking prescribed medications, and handling stress. DSMES has been shown to lower A1C levels (a measure of average blood sugar levels) and prevent or lessen diabetes complications. Despite rural populations having higher rates of diabetes compared to people who live in urban areas, 62% of rural counties have limited DSMES services.

The Cost of Diabetes

- The total annual cost of diabetes in 2022 was \$412.9 billion, including \$306.6 billion in direct medical costs and \$106.3 billion in indirect costs. People with diagnosed diabetes account for one of every four healthcare dollars spent in the U.S.
- National healthcare costs related to diabetes have increased by \$80 billion in the past 10 years (2012-2022).
- Approximately 61% of diabetes costs can be attributed to adults aged 65 or older, and these costs are mainly paid by Medicare.

Preventing Diabetes

Reversing prediabetes and lowering overall rates of diabetes can prevent expensive and life-threatening diabetes complications, such as heart disease, stroke, and kidney failure. About 48% to 64% of lifetime medical costs for a person with diabetes go towards complication-related expenses (heart disease and stroke care). In 2010, Congress authorized the CDC to establish and lead the national diabetes prevention program (NDPP), an evidence-based lifestyle change program providing cost-effective community interventions to prevent type 2 diabetes. Research shows that people with prediabetes who take part in NDPP can cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old) by helping people lose 5% to 7% of their body weight through healthier eating and engaging in 150 minutes of physical activity a week.

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