

NATIONAL DIABETES PREVENTION AND CONTROL

WHAT IS THE PUBLIC HEALTH ISSUE?

- More than 18.2 million Americans have diabetes, including nearly 5.2 million who do not know they have the disease.
- Since 1991, the national prevalence among adults of diagnosed diabetes (including gestational diabetes) increased 61% and is projected to increase 165% from 2000 to 2050.
- Diabetes is the leading cause of non-traumatic, lower-extremity amputations; chronic, irreversible kidney disease; and blindness among working-age adults.
- Diabetes contributes to over 200,000 deaths each year.
- Diabetes increases the risk of heart disease and stroke two to four times.
- Diabetes costs nearly \$132 billion annually; \$92 billion in direct and \$40 billion in indirect costs.
- Type 2 diabetes, once considered an adult chronic disease, is now found in children and teenagers.

WHAT HAS CDC ACCOMPLISHED?

Funds from CDC's Chronic Disease Prevention and Health Promotion appropriations, support Diabetes Prevention and Control Programs in all 50 states, Washington, D.C., and 8 territories to reduce the complications associated with diabetes. The programs identify high-risk populations, improve the quality of diabetes care, involve communities in improving diabetes control, and increase access to diabetes care by improving and expanding services. The programs also educate health professionals and people with diabetes about the disease and its complications.

Example of Program in Action

The Missouri Diabetes Prevention and Control Program (MDPCP) participated in the National Diabetes Collaborative. Through the collaborative, the state program used the Chronic Care Model to form teams of diabetes-related healthcare specialists. These teams established an initial "population of focus" registry of patients with diabetes to monitor indicators of health behaviors, health status, and services received. MDPCP provided the health centers participating in the collaborative with financial support, technical assistance with registry development, health system redesign, and evaluation skills.

Over a 3-year period, 12 of the 16 diabetes-related care measures improved significantly. These improvements included increase in the prevalence of at least two A1c blood sugar tests 3 months apart (15%), dilated-eye exams (190%), foot exams (47%), flu vaccinations (76%), and setting of self-management goals (37%). Participation in the collaborative has improved the level of diabetes-related care and service delivered by MDPCP.

WHAT ARE THE NEXT STEPS?

Diabetes incidence is increasing at an alarming rate, and more people are getting diabetes at a younger age. A multifaceted national diabetes program implementing surveillance; prevention research; community and health system interventions; and communication strategies through state and national partners is needed to control this serious public health challenge. In support of HHS' *Steps to a Healthier U.S.* prevention initiative, CDC plans to increase the number of basic implementation diabetes prevention and control programs; expand prevention research and surveillance activities to address the unique needs of women and children with diabetes; develop and implement a national public health strategy to address type 2 diabetes in children; and expand the educational activities of the National Diabetes Education Program.