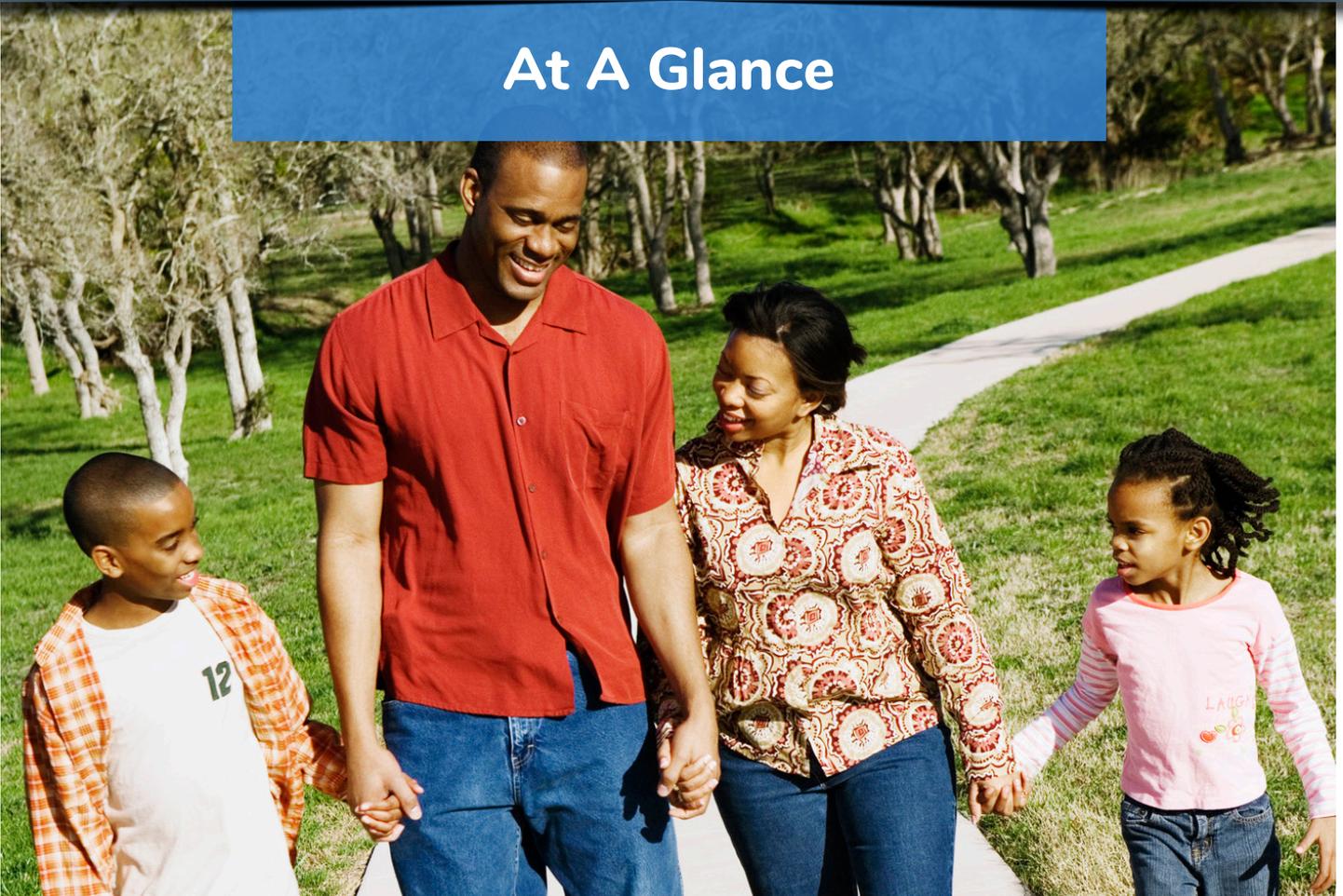


Division of Diabetes Translation

At A Glance



CDC's [Division of Diabetes Translation](#) is at the leading edge of the nation's efforts to end the devastation of diabetes. The division works with other federal agencies, state health departments, health care providers, and community organizations to identify people with [prediabetes](#), prevent [type 2 diabetes](#), prevent diabetes [complications](#), and improve the health of all people with diabetes. These efforts have helped reduce new cases of diabetes for the first time in 2 decades. Our work has also helped millions of Americans reduce their risk of type 2 diabetes and prevent or delay serious diabetes complications.



Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

[@CDCChronic](#) | www.cdc.gov/chronicdisease

What We Do

With an FY 2020 budget of \$182.9 million, CDC's Division of Diabetes Translation (DDT) focuses on preventing type 2 diabetes, reducing diabetes complications and disability, and reducing diabetes-related disparities, which are differences in health across different geographic, racial, ethnic, and socioeconomic groups. To meet these goals, DDT works to:



Measure how diabetes and its complications affect populations in the United States.



Study interventions to find out what works best to prevent type 2 diabetes and diabetes complications.



Fund and help guide states, territories, cities, and tribes to use proven interventions.



Share information to help all Americans understand and reduce their risk of type 2 diabetes and diabetes complications.

Why We Do It

In 2018, 34.2 million Americans had diabetes, and another 88 million US adults had prediabetes, a serious health condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. A person with prediabetes is at high risk of developing type 2 diabetes, heart disease, and stroke. A person with diabetes is at high risk of heart disease, stroke, and other serious complications, such as kidney failure, blindness, and amputation of a toe, foot, or leg. Although incidence has decreased in recent years, the number of adults with diagnosed diabetes has nearly doubled in the last 2 decades as the US population has increased, aged, and become more overweight.



34.2
MILLION

Americans with diabetes



88
MILLION

US adults with prediabetes



\$237
BILLION

a year in medical costs



\$90
BILLION

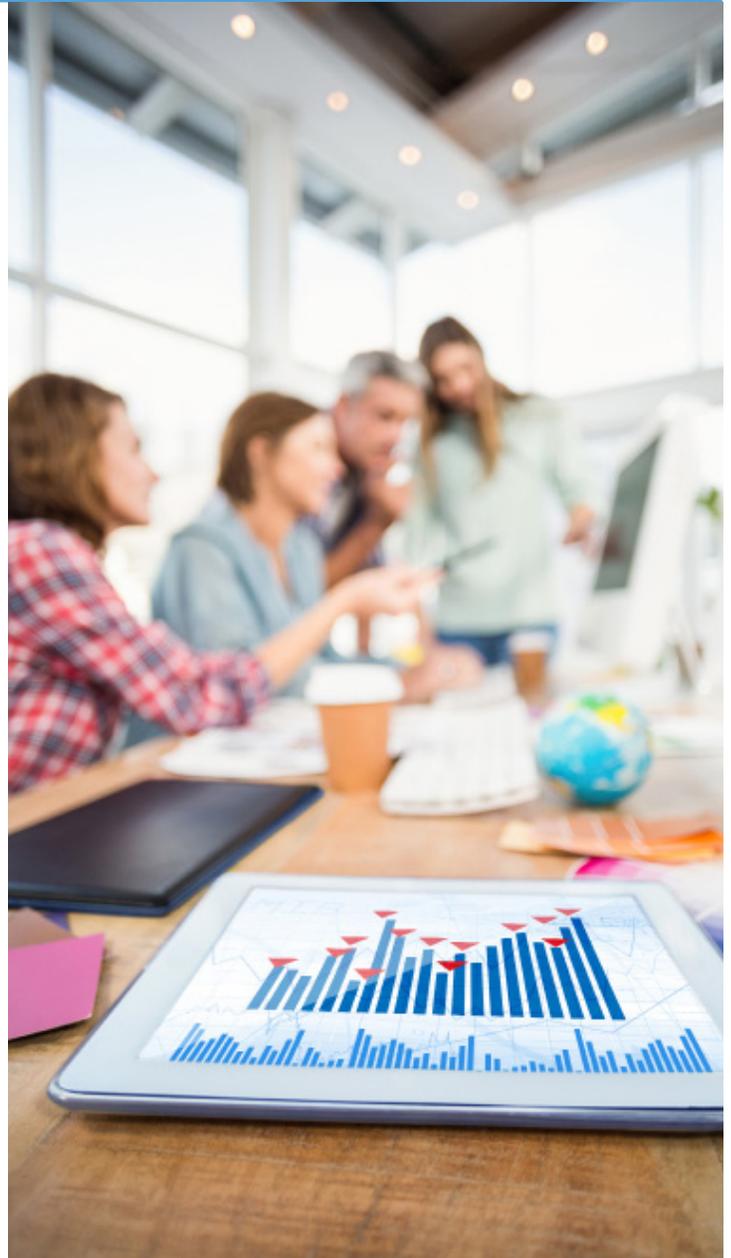
a year in lost productivity

How We Do It

Measure the Burden of Diabetes and Translate Data Into Effective Programs

DDT collects, studies, and shares information to assess the burden of diabetes, help guide public health funding and policy decisions, and measure progress toward prevention goals. For example:

- The [US Diabetes Surveillance System](#) collects information on new and existing cases of diabetes, risk factors, care practices, and related complications at county, state, and national levels.
- The [Chronic Kidney Disease \(CKD\) Surveillance System](#) tracks kidney disease (a serious diabetes complication) and its risk factors over time and monitors progress in prevention, detection, and management.
- The second phase of the [Natural Experiments for Translation in Diabetes \(NEXT-D2\)](#) study evaluates existing data to see how real-world policies and programs affect diabetes prevention and care.
- The national multicenter [SEARCH for Diabetes in Youth Study](#) provides the nation's first and only ongoing assessment of trends in type 1 and type 2 diabetes in Americans younger than 20.



Examples of Our Impact

- ▶ CKD Surveillance System data are used to monitor progress on 8 of the 10 CKD and kidney failure objectives in Healthy People 2030.
- ▶ The SEARCH Study has identified key gaps in knowledge, including why the increase in new cases of type 1 and type 2 diabetes varies across racial and ethnic groups. Information about these differences could provide important clues on how to tailor interventions for specific groups.

How We Do It

**1 IN 3 ADULTS
HAS PREDIABETES.
COULD BE YOU,
YOUR BARBER,
YOUR BARBER'S
BARBER.**

**WITH EARLY DIAGNOSIS,
PREDIABETES CAN BE REVERSED.
TAKE THE RISK TEST.**

DoIHavePrediabetes.org



Help People Understand Diabetes, Their Prediabetes Risk, and How to Prevent Type 2 Diabetes

Prediabetes causes long-term health risks, but usually has no symptoms. Though awareness of prediabetes doubled among US adults with the condition from 2005 to 2018, most of the 88 million who have prediabetes do not know they have it.

In 2016, CDC partnered with the American Diabetes Association (ADA), the American Medical Association, and the Ad Council to launch the first national prediabetes awareness campaign. The campaign reaches millions of people and encourages them to take a 1-minute test at DoIHavePrediabetes.org. The campaign website also links to organizations delivering the [National Diabetes Prevention Program](#) (National DPP) lifestyle change program, proven to help reverse prediabetes and prevent or delay type 2 diabetes in those at high risk.

In 2018, CDC partnered with Google to add targeted messaging to the search engine's type 2 diabetes and prediabetes health cards, which appear on the results page when those terms are searched, driving traffic to CDC's 1-minute [prediabetes risk test](#). People who score in the high-risk range are urged to follow up with their doctor and enroll in the National DPP lifestyle change program.

Examples of Our Impact

- ▶ Campaign results have far exceeded expectations: 3.2 million risk tests completed, 3.3 million unique website visitors, 4.8 million video views, and 124,000 visits to the National DPP website to find a lifestyle change program. The award-winning campaign, one of Ad Council's most successful, continues to outpace goals because of high consumer engagement.
- ▶ Since the Google health cards project launch, more than 380,000 prediabetes risk tests have been completed via the health cards and more than 138,000 high-risk test scores have been delivered. People continue to take the prediabetes risk test and discover their risk using this important channel.

How We Do It

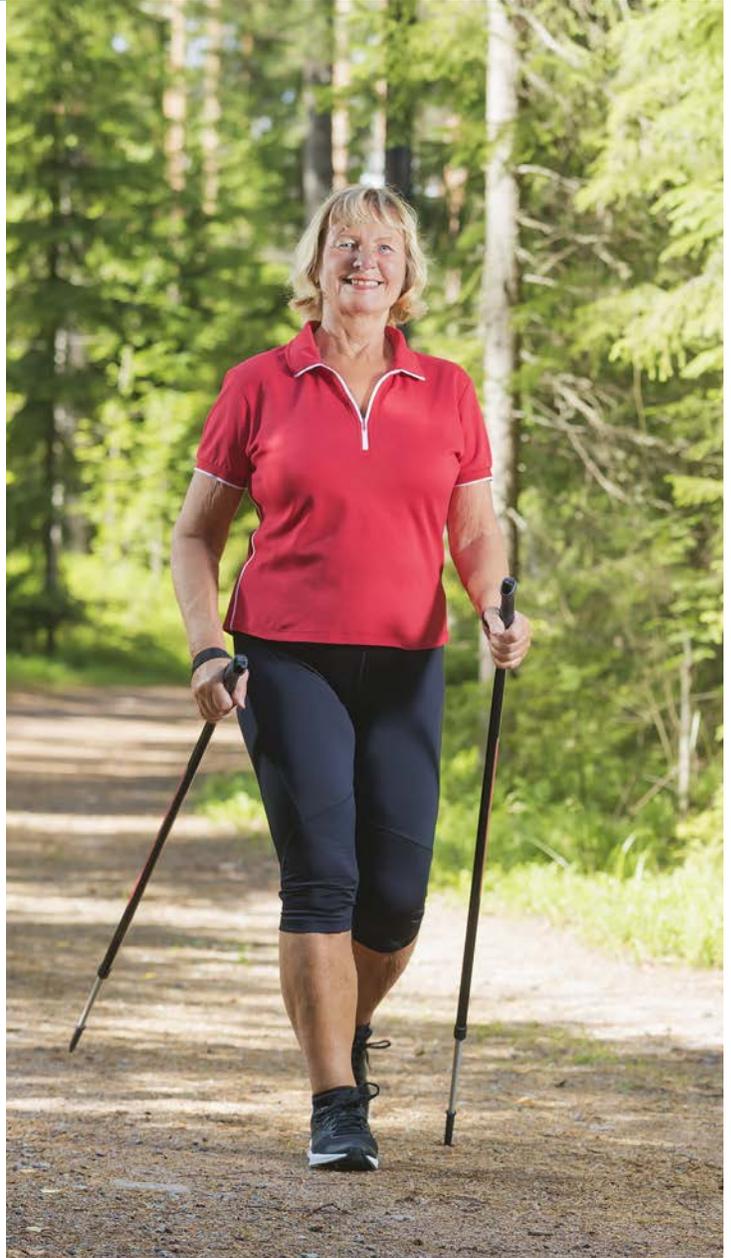
Help Prevent Type 2 Diabetes in People at Risk

The CDC-led [National Diabetes Prevention Program](#) is a public-private partnership working to build a nationwide system to deliver an affordable, evidence-based lifestyle change program to prevent or delay type 2 diabetes.

Working with a trained lifestyle coach, program participants learn to make better food choices, be more physically active, and find ways to cope with problems and stress. These lifestyle changes can cut their risk of developing type 2 diabetes by as much as 58% (71% for those over 60). The program is delivered in person, online, by distance learning, and through a combination of these formats.

The Diabetes Prevention Recognition Program (DPRP) recognizes organizations that deliver the lifestyle change program effectively and achieve desired outcomes. DPRP assures the quality of program delivery by recognized organizations and provides standardized reporting on their performance.

Together with partners across the nation, CDC is committed to increasing access to the National DPP among populations most at risk, including those living in rural areas.



Examples of Our Impact

- ▶ Over 1,500 organizations have received CDC recognition for delivering the National DPP lifestyle change program and have served over 485,000 participants nationally.
- ▶ About 40 commercial health plans provide some coverage for the lifestyle change program, and Medicare began reimbursing for CDC-recognized in-person programs in 2018. This is the first preventive service model from the Center for Medicare & Medicaid Innovation Center that has been expanded into the Medicare program—a landmark for public health.

How We Do It

Help People With Diabetes Improve Their Health and Quality of Life

DDT works to increase access to [diabetes self-management education and support](#) (DSMES) services, which help people manage daily diabetes care—eating healthy food, being active, checking blood sugar, taking medicines, and handling stress. DSMES has been shown to lower A1C levels, prevent or lessen diabetes complications, and improve quality of life. DSMES services can also lower medical expenses for people with diabetes and reduce the cost of diabetes to the US health care system.

Diabetes is about 17% more common in rural areas than urban ones, but 62% of rural counties do not have DSMES services. The use of telehealth—delivery of services by phone, Internet, or videoconference—may allow more patients in rural areas to benefit from DSMES. CDC funds state and local health departments to improve access to, participation in, and health benefit coverage for DSMES, with emphasis on programs that achieve Association of Diabetes Care & Education Specialists (ADCES, formerly the American Association of Diabetes Educators) accreditation or ADA recognition. Accredited/recognized programs meet national quality standards and may be more sustainable because of reimbursement eligibility.



Examples of Our Impact

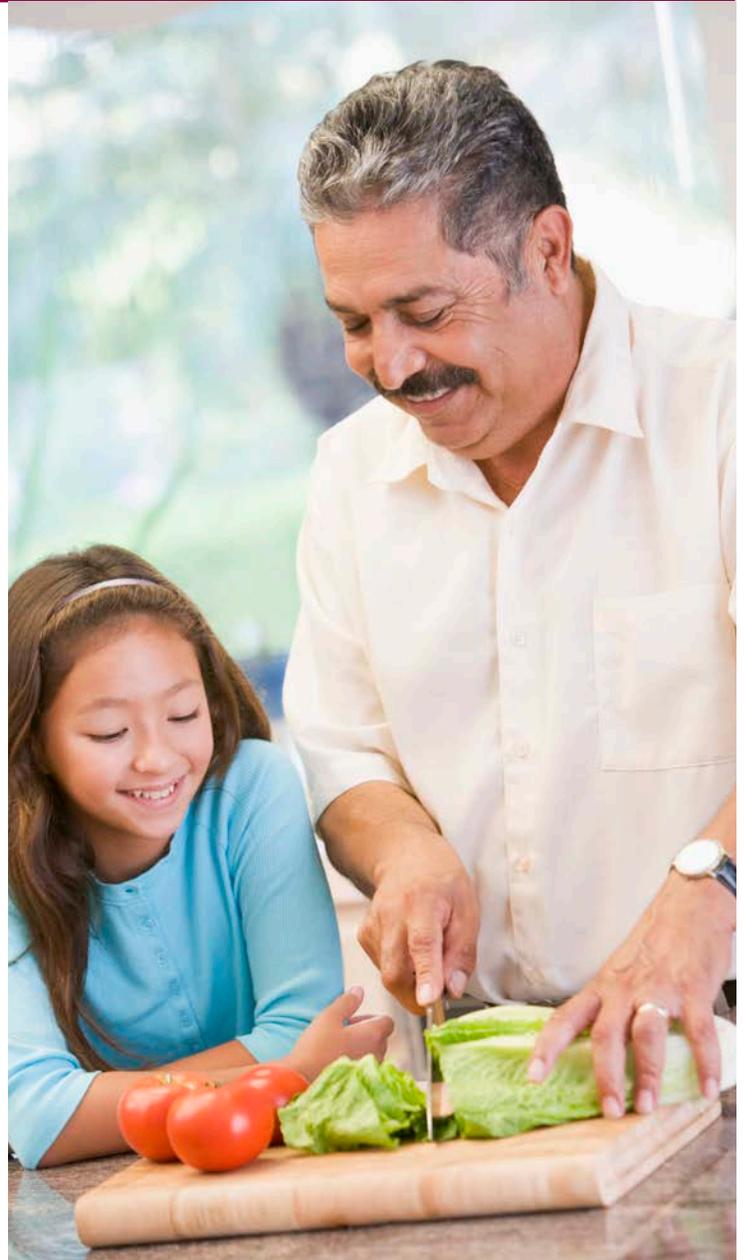
- ▶ In 2018–2019, a total of 3,650 DSMES services were offered in 43 states.
- ▶ Seven states (Arkansas, Indiana, Montana, Nebraska, Nevada, Oklahoma, and Washington) have used telehealth strategies to increase the use of DSMES programs in community settings.
- ▶ 3.4 million Medicaid beneficiaries now have DSMES as a covered benefit.

How We Do It

Fund Partners to Prevent Type 2 Diabetes and Diabetes Complications

CDC supports national, community, and faith organizations; state and local health departments; tribes; US-affiliated Caribbean and Pacific islands; and other partners to prevent or delay type 2 diabetes, improve diabetes care and self-management, and prevent or reduce diabetes complications. CDC funds these partners to:

- Improve prediabetes awareness among health care providers and people at risk.
- Increase access to and enrollment in the [National DPP lifestyle change program](#) and increase coverage among public and private payers and employers.
- Improve prediabetes screening, testing, and referral to the National DPP lifestyle change program.
- Increase [DSMES](#) access, participation, and health benefit coverage.
- Increase use of community health workers, pharmacists, and registered dietitians to support type 2 diabetes prevention and DSMES programs.
- Partner with health care organizations to improve diabetes quality of care.



Examples of Our Impact

- ▶ In 2019, a total of 1,400,167 Medicaid beneficiaries had access to the National DPP lifestyle change program as a covered benefit (compared with 628,275 beneficiaries in 2017).
- ▶ Eleven states have Medicaid coverage for the National DPP lifestyle change program, and several others are involved in demonstration projects or other efforts to pursue this goal.
- ▶ In 2019, 975,417 people with diabetes participated in an ADA-recognized or ADCES-accredited DSMES program.

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) prevents chronic disease and promotes health for people of all ages.



IMPROVING
QUALITY OF LIFE

INCREASING HEALTHY
LIFE EXPECTANCY

REDUCING HEALTH
CARE COSTS

We Work to Improve Health Across the Life Span

Where People Live, Learn, Work, and Play



Infants

Reduce the leading causes of infant death and illness.



Children and Adolescents

Help support healthy communities, child care programs, and schools so children can eat well, stay active, and avoid risky behaviors.



Adults

Help adults lead healthy and active lives and increase the use of preventive services like cancer screenings.



Older Adults

Promote quality of life and independence for people as they age.

For more information, contact

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

[Division of Diabetes Translation](#)

1-800-CDC-INFO (232-4636); TTY 1-888-232-6348

Contact [CDC-INFO](#)

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