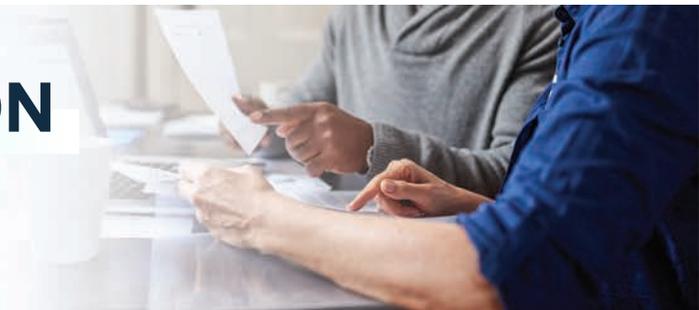


POWER OF PREVENTION

The Health and Economic Benefits of Preventing Chronic Diseases



DIABETES

If current trends continue, 1 in 3 Americans will develop diabetes sometime in their lifetime.¹ [Diabetes](#) is a disease caused by too much sugar in the blood. When diabetes is not managed, it can damage vital organs. Most people who have diabetes have a shorter life expectancy than people without the disease.

Diabetes in the United States

- More than 34 million people of all ages (about 1 in 10) have diabetes, and 88 million adults (1 in 3) have prediabetes.²
- Diabetes complications are increasing for young adults aged 18 to 44 and middle-aged adults aged 45 to 64.³
- Diabetes is more common among Asians, non-Hispanic blacks, and Hispanics than non-Hispanic whites.
- Nearly 1 in 5 adolescents aged 12 to 18 years and 1 in 4 young adults aged 19 to 34 have prediabetes.⁴

Strategies That Work

CDC is working to help millions of Americans reduce their risk of type 2 diabetes and prevent or delay serious diabetes complications, which will save lives and money.

Preventing Type 2 Diabetes

To help prevent or delay type 2 diabetes, CDC's [National Diabetes Prevention Program](#) (National DPP) delivers an affordable, evidence-based lifestyle change program. Screening for prediabetes and participation in the lifestyle change program can reduce risk of type 2 diabetes by more

The Benefits of Using Proven Strategies

Many effective diabetes prevention and management strategies are a good value in terms of cost per quality-adjusted life year (QALY) gained.* For example:

- Intensive lifestyle modification to prevent type 2 diabetes among people at high risk costs \$1,500^{‡(a)} per QALY compared to standard lifestyle advice or no intervention.⁵
- Self-monitoring of blood sugar levels once a day by people with type 2 diabetes costs \$6,900^{‡(a)} per QALY compared to usual care.⁵

Screening to detect complications early is also a good value and can prevent serious disabilities. For example:

- Screening for a type of eye disease called diabetic retinopathy costs \$6,900^{‡(a)} per QALY compared to no screening.⁵
- Annual screening for chronic kidney disease costs \$21,000^{‡(b)} per QALY compared to no screening.⁶

The National DPP lifestyle change program provides good economic value and could save an estimated \$1,146^{‡(c)} per participant for in-person classes and \$618 for online classes over 5 years.⁷



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

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than 50%. CDC and its partners are working to make the lifestyle change program available to more Americans. More than 455,000 adults have participated as of March 2020.

To make more people aware of their risk of prediabetes, the first [National Prediabetes Awareness Campaign](#) was launched by CDC, the American Diabetes Association, the American Medical Association, and the Ad Council.

The campaign includes a 1-minute online risk test and links people to organizations across the country that deliver the National DPP lifestyle change program. More than 3.4 million people now know their prediabetes risk as a result.

Preventing Diabetes Complications

To prevent complications in people living with diabetes, CDC and its partners are working to expand [diabetes self-management education and support \(DSMES\) services](#).

DSMES helps people with diabetes effectively manage their blood sugar, blood pressure, and cholesterol and get preventive care. For example:

-  Effective blood sugar management can reduce the risk of eye disease, kidney disease, and nerve disease by 40%.⁸
-  Blood pressure management can reduce the risk of heart disease and stroke by 33% to 50%.⁹ Improved cholesterol levels can reduce cardiovascular complications by 20% to 50%.¹⁰
-  Regular eye exams and timely treatment could prevent up to 90% of diabetes-related blindness.¹¹
-  Health care services that include regular foot exams and patient education could prevent up to 85% of diabetes-related amputations.¹²
-  Detecting and treating early diabetic kidney disease by lowering blood pressure can reduce decline in kidney function by 33%.¹³

DSMES services reach almost 1 million people with diabetes each year.

* Public health interventions that cost less than \$50,000 per QALY are widely considered cost-effective.

‡ Costs were measured in ^a2007 US dollars, ^b2006 US dollars, ^c2015 US dollars, and ^d2017 US dollars. Older cost estimates are likely to be underestimates.



\$327 BILLION
total annual cost of diabetes

The High Cost of Diabetes

Diabetes is the most expensive chronic condition in our nation.^{14,15}

- \$1 out of every \$4 in US health care costs is spent on caring for people with diabetes.¹⁴
- \$237 billion^(d) is spent each year on direct medical costs and another \$90 billion on reduced productivity.¹⁴
- The total economic cost of diabetes rose 60% from 2007 to 2017.¹⁴
- 61% of diabetes costs are for people 65 years or older, which is mainly paid by Medicare.¹⁴
- 48% to 64% of lifetime medical costs for a person with diabetes are for complications related to diabetes, such as heart disease and stroke.¹⁶