

PHOTOCOPY
PRESERVATION

DIABETES

NATIONAL INSTITUTES OF HEALTH

Diabetes (Dollars in Millions)

	FY 1993 (actual)	FY 1994 (actual)	FY 1995 (actual)	FY 1996 (actual)	FY 1997 (actual)	FY 1998 (actual)	FY 1999 (estimate)	FY 2000 (estimate)	Percent Increase
NIH Total*	285.6	293.6	295.1	298.9	319.5	387.3	449.0	462.3	61.9%

*Includes transfer of \$27 million for Type I diabetes research for FY 1998 through FY 2002 in accordance with the Balanced Budget Act

- The Wyoming Diabetes Control Program uses the public library system as a statewide resource for the loan and distribution of diabetes information. The program furnishes information to local libraries and refers people with diabetes questions to these community sites. This resource increases residents' access to updated diabetes information that strengthens professional diabetes care, improves self-care, and raises public awareness of diabetes.

Develop surveillance systems to

- Identify high-risk groups.
- Monitor health outcomes and indicators of the quality of health care recommended for people with diabetes.
- Provide data to formulate health care policy.
- Evaluate progress in disease prevention and control.

Develop innovative approaches, such as

- **Project DIRECT**—CDC is collaborating with the state of North Carolina to evaluate the effectiveness of community-based public health approaches in reducing the burden of diabetes.
- **Diabetes Today**—This program offers courses that provide health professionals and community leaders with the skills to mobilize communities and to develop appropriate interventions. One outcome of these courses is a strategic plan that is community owned and culturally relevant to the local population.
- **National Hispanic/Latino Diabetes Initiative for Action**—This initiative focuses on developing culturally relevant diabetes prevention strategies for Hispanic/Latino communities in the United States. In August 1997, the National Hispanic/Latino Expert Consultant Group provided CDC strategic options that culminated a two-year planning process for reaching and reducing the burden of diabetes within these populations.
- **Satellite Broadcast**—In recognition of National Diabetes Awareness Month, CDC sponsored a live national satellite broadcast called *Diabetes: Control*

Is Prevention. Produced in the format of a CNN television show, the broadcast was held on October 30, 1997, and reached 20,000 people.

- **Pilot Diabetes Media Campaign**—As part of a media-based plan to prevent illnesses especially harmful to people with diabetes, CDC's Division of Diabetes Translation and its National Immunization Program collaborated on intervention strategies for a pilot initiative to increase the number of flu shots received by people with diabetes. This new public service campaign was conducted in California, Florida, Montana, and Texas.
- **Diabetes and Women's Health Monograph**—A public health monograph, *Diabetes and Women's Health: A Public Health Perspective*, is being developed to highlight the effect of diabetes on the life cycle of women. The monograph will describe the epidemiology of the disease in women and address community needs and psychosocial issues.

Form national partnerships

CDC joins with government agencies, voluntary and professional organizations, academic institutions, and community groups to

- Provide data for sound public health decisions.
- Inform the public about the burden of diabetes.
- Translate current research findings into effective clinical and public health strategies to reduce the burden of diabetes.
- Ensure optimal diabetes care and education for all people living with diabetes in the United States.

Offer international treatment options

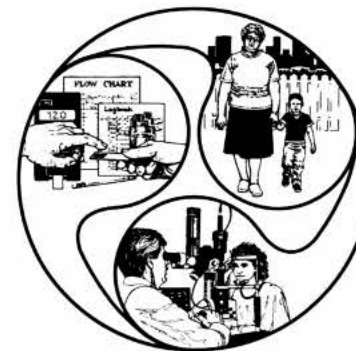
By 2025, there will be 300 million people with diabetes worldwide. Because most of this increase will occur in developing countries and among poorer people, CDC is helping develop low-cost treatment options. As a World Health Organization Collaborating Center in diabetes, CDC is working with the Pan American Health Organization to implement the Declaration of the Americas, which includes developing guidance documents for national diabetes programs.

For more information or additional copies of this document, please contact the
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National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-10,
4770 Buford Highway NE, Atlanta, GA 30341-3717, (770) 488-5015.
ccdinfo@cdc.gov
<http://www.cdc.gov/diabetes>

File Diabetes

Diabetes: A Serious Public Health Problem

AT-A-GLANCE
1998



Translating Science Into Care

"Those who suffer losses due to diabetes are not just statistics on a chart.
They are people whose talents and wisdom are needed and whose problems deserve our unified efforts.
Together we can join to make life more just and more joyful for generations to come."

David Satcher, MD, PhD
Director, Centers for Disease Control and Prevention



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



Is Diabetes a Serious Public Health Problem?

The facts about diabetes leave no doubt about its seriousness. The seventh leading cause of death in the United States, diabetes contributed to more than 180,000 deaths in 1995. In 1997, an estimated 10.3 million people in the United States had been diagnosed with diabetes—a sixfold increase over the past four decades—and another 5.4 million people had undiagnosed diabetes.* All of these people are at increased risk for serious health complications, including

- Blindness.
- Kidney failure.
- Lower-extremity amputations not related to injury.

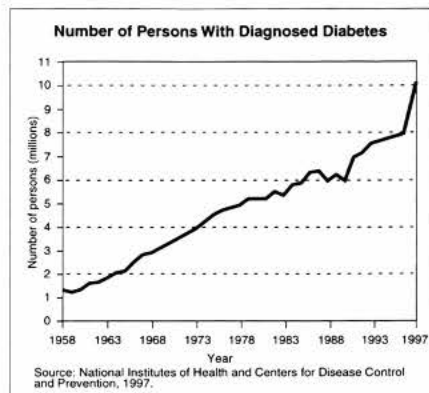
Diabetes and its complications occur among Americans of all ages and racial and ethnic groups. The burden of this disease is heavier among elderly Americans and certain racial and ethnic populations, including African Americans, Hispanics/Latinos, and American Indians. For example, more than 15% of elderly adults have diabetes, and the prevalence of diabetes among various American Indian tribes ranges from less than 5% to 50%. Several studies have also shown increased rates of the disease among certain Asian and Pacific Islander populations.

What Is Diabetes?

The term diabetes describes either a deficiency of insulin or a decreased ability of the body to use insulin, a hormone secreted by the pancreas. Insulin allows glucose (sugar) to enter body cells and be converted to energy. Insulin is also needed to synthesize protein and store fats. In uncontrolled diabetes, glucose and lipids (fats) remain in the bloodstream and, with time, damage the body's vital organs and contribute to heart disease.

Diabetes is classified into two main types: type 1 and type 2. The most common, type 2, affects 90%–95% of those with diabetes and usually appears after the age of 40. The other, type 1, affects 5%–10% of those with diabetes and most often appears in childhood or the teenage years.

*Source: Centers for Disease Control and Prevention. *National Diabetes Fact Sheet: National Estimates and General Information on Diabetes in the United States, 1997*.



What Are the Economic Costs of Diabetes?

Diabetes imposes a heavy economic burden on the nation each year. In 1992, an estimated \$92 billion in direct and indirect costs was spent on diabetes.

Contributing substantially to these costs are the complications of diabetes. In 1992, the cost of treating kidney failure among 56,000 Americans with diabetes exceeded \$2.1 billion, without including the costs associated with disabilities and premature death. In this same year, Medicare expenditures for kidney dialysis associated with diabetes averaged \$38,700 per person. Because kidney failure is increasing at an alarming rate (see chart on next page), these costs are expected to rise.

More than half of lower-extremity amputations occur among persons with diabetes. Approximately 67,000 diabetes-related amputations were performed in 1995. The direct costs of diabetes-related amputations are about \$600 million annually.

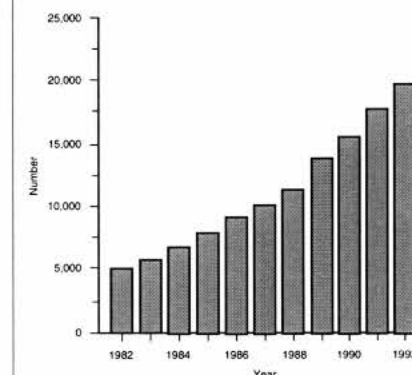
The full burden of diabetes in terms of death, complications, and costs is not easy to measure. Mortality records often fail to reflect the role of diabetes in premature deaths, and the costs related to undiagnosed diabetes are unknown. Furthermore, for families and communities, the loss of human lives and abilities transcends numerical measures.

What Are the Benefits of Prevention?

The increasing burden of diabetes is alarming, but the good news is that much of the burden of this major public health problem can be prevented with early detection, improved delivery of care, and better education for diabetes self-management. For example:

- Currently, screening and treatment for eye disease among persons with diabetes is saving the federal government about \$248 million annually. If all persons with diabetes received recommended screening and treatment, the annual savings to the federal budget could exceed \$470 million.
- Women with preexisting diabetes deliver more than 18,000 babies each year. For every \$1 invested in preconception care for these mothers, \$1.86 can be saved by preventing adverse maternal and infant health outcomes associated with diabetes.
- The Diabetes Control and Complications Trial, a national 10-year study that involved 1,441 volunteers with type 1 diabetes, confirmed that good control of blood sugar prevented the onset or delayed the progression of eye, kidney, and nerve damage by at least 50%.

A Need for Prevention: New Cases of Kidney Failure Due to Diabetes, United States, 1982–1992



What Does CDC Do to Reduce the Burden?

CDC strives to increase awareness and education about diabetes, support early detection and treatment of complications, improve the quality of diabetes care, and enhance access to diabetes care by improving and expanding services.

To advance a common mission to reduce the burden of diabetes, CDC joins with state and territorial health departments and other partners to focus efforts on those populations at increased risk for diabetes and its complications. With fiscal year 1998 funding of \$46 million, CDC conducts a coordinated, multifaceted program targeting diabetes. Programmatic activities include the following:

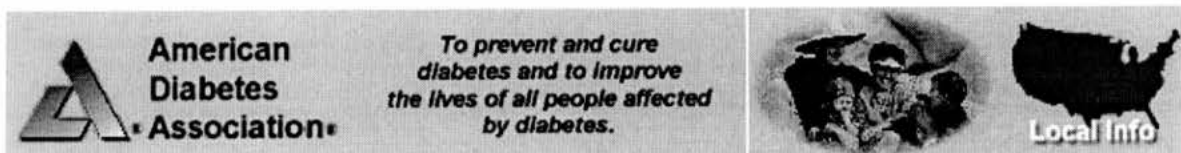
Implement effective state programs

CDC supports state- and territorial-based diabetes control programs to reduce the complications associated with diabetes. In fiscal year 1997, CDC provided limited support (\$200,000 average) to 45 states for core diabetes programs and more substantive support (\$800,000 average) to five states for comprehensive programs. The core programs do not address needs

statewide; however, they serve as the framework for states to build more comprehensive programs that target diabetes statewide. Fiscal year 1998 funding enables CDC to continue support for these states and to fund at least 15 states for comprehensive programs.

Examples of activities from states include the following:

- The Washington Diabetes Control Program is working with community, rural, and Indian health centers to improve quality-of-care in eye exams and to improve diabetes education and glucose control. Evaluations before and after interventions have shown marked improvements in these areas. Targeted populations are mostly Hispanics/Latinos, American Indians, and the medically underserved.
- The California Diabetes Control Program is working with the Preventive Health Care of the Aging organization. That agency is furnishing personnel and equipment to help assess diabetes risk and build a diabetes database for the state, which has a large elderly population. Public health nurses will test people and refer those at high risk for diabetes to physicians.



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Regional Report

Spring 1999

Dramatic Increase for NIH Diabetes Research Funding Colorado Congresswoman Vows to Keep Momentum Going

Persistence is paying off for diabetes advocates. NIH funding for diabetes research increased to \$442 million for 1999; a jump of 20 percent from the previous year and a five percent higher growth rate than the overall NIH appropriation.

The increase is welcome news to ADA and other diabetes organizations that have been pushing congressional leaders nonstop for two years in a campaign for a cure. The campaign has seen thousands of phone calls made and letters sent, and some 250,000 signatures delivered to President Clinton. The effort has been so successful that the diabetes research budget at NIH has grown some 30 percent in the last two years. The increase is more remarkable considering that during the previous 10 years -- from 1987 to 1997 -- the same budget grew only 35 percent. And in a recently-released report, the Diabetes Research Working Group called for further increases in diabetes research funding over the next five years - from \$827 million in the year 2000 to \$1.6 billion by 2005.

ADA's Joe LaMountain says the good news can be credited to the hard work of diabetes advocates across the country. "Now that diabetes advocates are starting to make some noise and asking tough questions of their elected leaders, money is starting to flow our way for a change," said LaMountain, vowing, "We're going to keep up the pressure."

Much of the congressional pressure has come from within the Capitol as Colorado Representative Diana Degettes continues to be a strong voice for diabetes. The Congresswoman took over as co-chair of the House Diabetes Caucus in November and has testified twice for full funding of the DRWG recommendations over the next five years. "She's really able to pursue this passionately," said legislative aide Mary Booth, noting that the congresswoman has a child with diabetes, as does Caucus co-chair George Nethercutt of Washington.

With 260 members, the House Diabetes Caucus is the largest caucus by a long shot, indicating diabetes funding "is an issue a lot of people support," said Booth, adding that Congresswoman Degettes' "primary focus this year is fully funding the DRWG recommendations."

Current federal funding for diabetes research represents only about one-half or one percent of the estimated \$105 billion annual cost of diabetes to the U.S. economy, according to the DRWG. "Although federal support for diabetes research has produced a number of major advances in the past two decades, many scientific opportunities are not being pursued due to insufficient funding, lack of appropriate mechanisms and a shortage of trained researchers," the DRWG report noted. But the time to focus on a cure has never been better, the report continues, because "improvements in technology and the general growth in scientific knowledge offer unprecedented opportunities for advances..."

The DRWG was established by Congress in 1997 as an independent panel comprised of 12 scientific experts and four laypersons from the diabetes

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comprised of 12 scientific experts and four laypersons from the diabetes community. The group was charged with developing a comprehensive plan for all NIH-funded diabetes research efforts.

Become a Delegate for Diabetes and help drive legislative reform at the state level

Since 1994 more than 30,000 activists have become ADA Delegates for Diabetes, writing, calling and meeting with public policymakers about the needs of people with diabetes. Help educate policymakers about the need for increased funding for diabetes research, better health insurance coverage and an end to discrimination against people with diabetes. Become a Delegate for Diabetes. You can sign up on line at:

<http://www.diabetes.org/takeaction/delegate.asp>

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