



DIABETES TOOLKIT

DIABETES – TALKING POINTS AND ACTIONS FOR LEGISLATORS

TALKING POINTS FOR LEGISLATORS

- Around 3.2 million deaths every year are attributable to complications of diabetes; that is the equivalent of six deaths every minute.¹
- Diabetes is the sixth leading cause of death in the U.S. behind heart disease, cancer, stroke, chronic lower respiratory diseases, and accidents (unintentional injuries).²
- The total annual economic cost of diabetes in 2007 was estimated to be \$174 billion. Medical expenditures totaled \$116 billion and included \$27 billion for diabetes care, \$58 billion for chronic diabetes-related complications, and \$31 billion for excess general medical costs. The remaining \$58 billion included reduced national productivity costs.³
- The average healthcare costs for a person with diabetes are more than five times higher than for a person without diabetes.⁴
- Diabetes is the fourth leading cause of death among non-Caucasian women.⁵
- Education on diabetes self-management prevents hospitalizations. Every \$1 invested in education can cut healthcare costs by nearly \$9.⁶
- Intensified blood pressure control can cut healthcare costs by \$1,200 over the lifetime of a person with type 2 diabetes. It can also extend life by six months.⁷
- Outpatient training to help people self-manage their diabetes prevents hospitalizations. Every \$1 invested in training can cut healthcare costs by up to \$8.76.⁸

ACTIONS FOR LEGISLATORS

- Support statewide awareness campaigns and public education programs on how to manage and recognize the symptoms of diabetes and support efforts to educate providers about treatment standards tailored to individual patients.
- Support health initiatives that require insurers to cover testing supplies, yearly eye, foot, and dental exams, visits to dietitians, and regular A1C testing (a blood test that measures blood sugar control over a three-month period).
- Develop legislation that promotes walkways and bicycle paths designed to make it easier and more accessible for people to become physically active in their communities.
- Support using quality-of-care incentives for healthcare providers to follow nationally recognized treatment standards for diabetes in private health insurance, Medicaid, and state employee health plans.
- Establish a diabetes registry in your state that allows providers and insurers to make sure people with diabetes are getting necessary preventive care.
- Support workplace health programs that promote proper nutrition, physical activity, and smoking cessation.
- Work with businesses to encourage worksite diabetes screening programs for employees.
- Provide funding to diabetes screening programs that focus on high-risk groups which include: African-Americans, Hispanics, and older Americans through state diabetes prevention and control programs.
- Work with diabetes advocates to encourage providing screening programs in easily accessible locales, such as healthcare settings, community health fairs, churches, and schools.

¹ World Health Organization; Diabetes; <http://www.who.int/dietphysicalactivity/publications/facts/diabetes/en/>

² Centers for Disease Control and Prevention; "Deaths and Mortality;" <http://www.cdc.gov/nchs/FASTATS/deaths.htm>

³ American Diabetes Association; "Diabetes Statistics;" <http://www.diabetes.org/diabetes-statistics.jsp>

⁴ American Diabetes Association; "Economic Costs of Diabetes in the U.S. in 2002;" Diabetes Care 26:917-932, 2003

⁵ Centers for Disease Control and Prevention; "Leading Cause of Death in Females U.S. 2004." <http://www.cdc.gov/diabetes/pubs/women/index.htm>

⁶ Centers for Disease Control and Prevention; "Preventing Diabetes and Its Complications." <http://www.cdc.gov/nccdphp/publications/factsheets/prevention/pdf/diabetes.pdf>

⁷ Ibid

⁸ Ibid