

Preserve State Funding Appropriated to Fight Diabetes

Position

The Kentucky Diabetes Network Inc. and the American Diabetes Association support the preservation of funding appropriated in the past by the legislature to fight diabetes and the expansion of this funding in the future.

Rationale

Diabetes is a public health problem in KY because it is common, serious, costly and controllable. It cannot be addressed effectively without state funded efforts.

Diabetes is **common** in Kentucky:

- In 2008, the KY rate for diagnosed diabetes was the **9th highest** in the nation at **9.9%**.
- **324,000** adults in KY have diagnosed diabetes. Past CDC research has shown that **29%** of diabetes cases are undiagnosed; meaning a significant number of additional KY adults may have undiagnosed diabetes.
- The prevalence in younger adults (ages 35-44) has doubled from less than **2%** in 2000 to **5.4%** in 2008.
- In Kentucky **8% of adults have been diagnosed as having “Pre-diabetes”**, meaning that their blood sugar levels are above normal, but not yet high enough to be considered diabetes. This translates to about **235,000** Kentuckians being diagnosed as having pre-diabetes.
- Hundreds of thousands of additional KY adults are at risk for developing diabetes due to high rates of obesity, physical inactivity, high blood pressure and cholesterol in KY, all of which are at 30% or greater in the adult population.
- **Most of those with pre-diabetes will develop full blown diabetes** if they and their doctor do not take action to slow or halt the progression of the disease.

Diabetes is **serious** in Kentucky

- Diabetes is the **6th** leading cause of death in KY and the **5th** leading cause of death by disease.
- Diabetes often leads to heart attack, stroke, lower extremity amputations, kidney failure and blindness
- There were 199,207 diabetes related hospitalizations in 2007, accounting for 17.9% (1 in every 6) of all hospitalizations.
- In 2005, there were 583 new cases of end-stage renal disease related to diabetes.

Diabetes is **costly** in Kentucky:

- A 2004 Publication from AHRQ calculates the direct cost (medical care) and indirect cost (loss of productivity and premature mortality) of diabetes in KY at approximately **\$2.9 billion** in 2002.

Diabetes is a **controllable** disease:

- Type 2 diabetes can be prevented, or its onset delayed, through adoption of healthy lifestyles including a healthy diet, appropriate levels of physical activity, and maintenance of a healthy weight.
- Much of the sickness and death associated with diabetes can be eliminated through treatment approaches including normalization of blood glucose levels, routine physician visits, self-management training, a yearly dilated eye exam, routine foot exams, and A1C checks.

Background

KY is very fortunate to have state funded efforts to fight diabetes. The legislature originally funded a “Diabetes Control Program” in 1980 with \$1.4 million dollars. This program became a model for other states, but unfortunately did not receive an increase in funding for 25 years. The 2005 General Assembly appropriated additional funding for what is today called the “Kentucky Diabetes Prevention and Control Program” (KDPCP). In addition, the 2006 General Assembly appropriated funding for six “Diabetes Centers of Excellence” bringing the total diabetes funding to \$3.8 million. The KDPCP, which continues to receive national recognition, provides public, patient and professional education services to thousands of Kentuckians each year and mobilizes a myriad of partners to take action against diabetes at the local and state level. The six Diabetes Centers of Excellence, covering approximately 30 counties, provide care coordination/disease management services to Medicaid recipients with diabetes in their region. Data is beginning to show positive improvements for these members. A Diabetes Research Board was also added to the diabetes effort in 2004 which provided funding for diabetes-related research projects at the UK and U of L. Unfortunately, funding for this effort was discontinued in FY 2009.