

Testimony of

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Alexandria, Virginia

On the Labor, Health and Human Services and Education Appropriations  
Legislation for Fiscal Year 2007  
Funding for the  
Division of Diabetes Translation at the Centers for Disease Control  
And Prevention and the National Institutes of Health

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Thank you for the opportunity to submit testimony on the importance of federal funding for diabetes programs at the Centers for Disease Control and Prevention (CDC) and diabetes research at the National Institutes of Health (NIH).

As the nation's leading nonprofit health organization providing diabetes research, information and advocacy, the American Diabetes Association feels strongly that federal funding for diabetes prevention and research efforts is critical not only for the 20.8 million Americans who currently have diabetes, but also for the more than 40 million who have a condition known as “pre-diabetes.”

Diabetes is a serious disease, and is a contributing and underlying cause of many of the diseases on which the federal government spends the most health care dollars. In addition to the \$132 billion in 2002 dollars in direct and indirect costs spent solely on diabetes each year, diabetes is a significant cause of heart disease, a significant cause of stroke (\$57.9 billion each year), and the leading cause of kidney disease (\$40.3 billion). Diabetes is also the leading cause of adult-onset blindness and lower limb amputations.

Approximately 48,000 people suffering from diabetes live in each congressional district and the number of people living with diabetes in this country is growing at a shocking rate. In the last two years alone, diabetes prevalence in the United States has increased by 14%. *The number of Americans with diabetes is now growing at a rate of 8% per year and is the single most prevalent chronic illness among children.* Because of the systemic havoc that diabetes wreaks throughout the body, it is no surprise that the life expectancy of a person with the disease averages 10-15 years less than that of the general population.

As the statistics listed above illustrate, we are facing an epidemic of diabetes in this country, which if left unchecked could have significant implications for many future generations. A recent study of the diabetes epidemic in New York City warns that diabetes-caused heart attacks threatens to reverse the tremendous gains made in preventing deaths from heart disease. The study termed it “a public health catastrophe.” We know, for example, that in every 24 hour period, there will be 4100 people diagnosed with diabetes, 230 amputations in people with diabetes, 120 people who enter end-stage kidney disease programs and 55 people who go blind. All told, there will be nearly 225,000 deaths from diabetes each year. That is the ultimate cost of underfunding research and prevention programs.

While science continues to work towards finding a cure, we must first adequately fund the diabetes prevention and outreach work being done at the Centers for Disease Control and Prevention. Therefore, we are requesting:

- A \$20.8 million increase for the CDC’s Division of Diabetes Translation (DDT), *only one dollar for each American suffering from diabetes*, as well as a 5% increase for the National Institutes of Health, and
- Restoration of the Preventive Health & Health Services Block Grant.

The CDC’s Division of Diabetes Translation is critical to our national efforts to prevent and manage diabetes because they translate the research that has already been done to real programs at the community level. Currently, for every \$1 that diabetes costs this country, the federal government invests less than \$.01 to help Americans prevent and manage this deadly disease.

This dynamic must be changed. While the Association strongly believes that significant funding is needed to fully fund programs in all 50 states, our request of \$20.8 million will allow these critical programs to expand to an additional ten states.

In 2005 DDT provided support for more than 50 state- and territorial-based Diabetes Prevention and Control Programs (DPCPs) to increase outreach and education, and reduce the complications associated with diabetes. However, funding constraints required DDT to provide severely limited support to 22 states, 8 territories, and D.C. This level of funding, referred to as “capacity building,” allows a state to do surveillance, but is not enough for the state to do much – or anything – in the way of intervention.

DDT was able to provide the higher level of support, “basic implementation,” to the other 28 states. At the basic implementation level, states are able to devise and execute community-level programs. With an additional \$20.8 million over FY2006 funding levels, an additional 10 states could start to receive the substantial benefits of basic implementation programs.

The basic implementation programs undoubtedly make a major impact on local communities. For example, the West Virginia DPCP has developed a model education training program in state-of-the-art diabetes care, and has established a work-site health promotion program for state employees. At the same time, by collaborating with the West Virginia Association of Diabetes Educators, the state has almost doubled the number of certified diabetes educators, and plans to expand that success to underserved rural areas through satellite training programs. Our goal is to make this a reality for the rest of the country, so that communities have the ability to invest in their future by investing in diabetes prevention and education.

Without fully-funded diabetes programs and projects in all parts of the country, it will be exceedingly difficult –if not impossible— to control the escalating costs associated with diabetic complications and to stem the epidemic rise in diabetes rates. State DPCPs, when provided with enough funding, are proven programs that have been extremely successful in helping Americans prevent and manage their diabetes. In the *Division of Diabetes Translation Program Review FY 2004*, the CDC stated, “The Basic Implementation DPCPs serve as the backbone for our growing primary prevention efforts. These state programs are the key elements to our success in meeting the challenges of controlling and preventing diabetes.” For example, the Texas DPCP contracts with local health departments, community health centers, and local non-profits to serve counties throughout the state. These programs have demonstrated success in promoting physical activity, weight and blood pressure control, and smoking cessation for those with diabetes. One of their programs, Coordinated Approach to Child Health (CATCH), is an elementary school program to increase activity levels, improve diets and reduce children’s risk for obesity, a leading factor in the development of diabetes in children. Americans in every state should have access to such quality programs. Unfortunately, the Division’s FY06 budget of just over \$63 million, and the President’s request for a cut in FY07 to \$62.42 million, will prevent more counties and states from implementing programs such as the one described above.

In addition to DPCP’s, the CDC’s Division of Diabetes Translation also conducts other activities to help people currently living with diabetes. To put research into action, CDC works with NIH to jointly sponsor the National Diabetes Education Program (NDEP), which seeks to improve the treatment and outcomes of people with diabetes, promote early detection, and prevent the onset of diabetes. The CDC is also currently working to develop a National Public Health Vision Loss Prevention Program that will investigate the economic burden and strengthen the surveillance

and research of this all-too-common complication of diabetes. In addition, CDC funds work at the National Diabetes Laboratory to support scientific studies that will improve the lives of people with diabetes. In FY2005, the Division of Diabetes Translation alone published 53 manuscripts on the care, prevention, and science of diabetes, including 17 abstracts.

The Association appreciates the increased attention by Congress to diabetes research at the National Institutes of Health (NIH) in recent years. While there is not yet a cure for diabetes, researchers at NIH are working on a variety of projects that represent hope for the millions of individuals with type 1 and type 2 diabetes. The Association strongly encourages you to provide at least a 5% increase to the NIH to fulfill this promise. Unfortunately, while the death rate due to diabetes has increased by more than 40% in recent years, diabetes research funding has not kept pace. Indeed, from 1987 - 2001, appropriated diabetes funding as a share of the overall NIH budget has dropped by more than 20% (from 3.9% to 2.9%). While Congress had initially begun to address this discrepancy, the Fiscal Year 2006 budget reduced funding at the National Institutes of Diabetes, Digestive and Kidney Diseases (NIDDK) by \$9 million. This is unconscionable when diabetes deaths continue to increase at such a rate. The Association believes that NIH research and CDC translational programs go hand in hand in the effort to combat the diabetes epidemic.

The Association is also supportive of restoration of the CDC's Preventive Health & Health Services Block Grant (PBG). The PBG, which allows states to develop innovative health programs at the community level, received \$99 million in FY06, but is currently slated for no funding for FY07. These programs have been very successful. In the state of Louisiana, the grants are used to train school based health personnel on the diagnosis and management of type 2 diabetes, and also to screen adolescents at significant risk for type 2 diabetes. There are 53 school based health centers in Louisiana that are directly assisted by this program. As the state continues to rebuild following Hurricane Katrina, it would be tragic to remove this small but critical piece of health infrastructure funding.

The Association, and the millions of individuals with diabetes we represent, firmly believes that we could rapidly move toward curing, preventing, and managing this disease by increasing funding for diabetes programs and research both at CDC and NIH. Your leadership is essential to accomplishing this goal. As you are considering FY07 funding, we ask you to remember that chronic diseases, including diabetes, account for nearly 70% of all health care costs as well as 70% of all deaths annually. Unfortunately, less than \$1.25 per person is directed toward public health interventions focused on preventing the debilitating effects associated with chronic diseases, demonstrating that federal investment in chronic disease prevention remains grossly inadequate. We cannot ignore those Americans who are currently living with diabetes and other diseases.

In closing, the American Diabetes Association strongly urges the Subcommittee and Congress to provide a \$20.8 million increase for the CDC's Division of Diabetes Translation, and to restore the Preventive Health & Health Services Block Grant. Providing this funding would be an important step towards empowering states to fight diabetes at the community level. Additionally, we urge the Subcommittee to increase NIH funding by 5% to allow for an increased commitment to diabetes research.

On behalf of the 20.8 million Americans with diabetes – a disease that crosses gender, race, ethnicity and political party; a disease that is among the most costly, debilitating, deadly and

prevalent in our nation; and a disease that is exploding throughout our nation – thank you for the opportunity to submit this testimony. The American Diabetes Association is prepared to answer any questions you might have on these important issues.