

# About the Division of Diabetes Translation

CDC's Division of Diabetes Translation (DDT) is a leader in the nation's efforts to help people prevent and manage diabetes. The division works to identify people with prediabetes, prevent type 2 diabetes, prevent diabetes complications, and improve the health of all people with diabetes.



In the last 20 years, the number of adults diagnosed with diabetes has more than doubled as the American population has aged and become more overweight or obese.

More than 38 million people in the United States have diabetes, and 98 million U.S. adults—over a third—have [prediabetes](#). Diabetes is the 8<sup>th</sup> leading cause of death and may be underreported. Medical costs and lost work and wages for people with diagnosed diabetes total \$413 billion yearly.

DDT focuses on programs and policies that help people prevent type 2 diabetes and improve the health of everyone living with diabetes. DDT also works to address health inequities to [reduce diabetes-related disparities](#) (differences in health across different geographic, racial, ethnic, and socioeconomic groups).

DDT collects, studies, and shares information to assess the burden of diabetes, helps guide public health funding and policy decisions, and measures progress toward prevention goals. For example:

- The [U.S. Diabetes Surveillance System](#) collects information on new and existing cases of diabetes, risk factors, care practices, and related complications at county, state, and national levels.
- The [Kidney Disease Surveillance System](#) tracks kidney disease (a serious diabetes complication) and its risk factors over time and monitors progress in prevention, detection, and management.
- The third phase of the [Natural Experiments for Translation in Diabetes \(NEXT-D3\)](#) study evaluates how real-world policies and programs can influence disparities in diabetes prevention and care.

Prediabetes causes long-term health risks but usually has no symptoms. Though awareness of prediabetes nearly tripled among U.S. adults with the condition from 2005 to 2020, most of the 98 million who have prediabetes still do not know they have it.

In partnership with the American Medical Association and the Ad Council, DDT leads the award-winning [Do I Have Prediabetes? campaign](#). This campaign, delivered in English and Spanish, is the first ever to raise awareness about prediabetes across the nation. The campaign reaches millions of people and encourages them to take a 1-minute test at [DoIHavePrediabetes.org](#) to better understand their possible risk for type 2 diabetes.

The campaign website also links to organizations delivering the [National Diabetes Prevention Program](#) (National DPP) lifestyle change program, proven to help reverse prediabetes and prevent or delay type 2 diabetes in people at high risk.

The CDC-led National DPP delivers an affordable, evidence-based lifestyle change program to prevent or delay type 2 diabetes.

Working with a trained Lifestyle Coach, program participants learn to make better food choices, lose weight, be more physically active, and find ways to cope with problems and stress during the yearlong program. These lifestyle changes can cut their risk of developing type 2 diabetes by as much as 58% (71% for those over 60). The program is delivered in person, online, by distance learning, or in a combination of formats.

CDC is committed to increasing access to the National DPP among populations most at risk, including those living in rural areas. Through telehealth, underserved populations can participate in the lifestyle change program by phone, smartphone app, computer, text, and video.

DDT works to increase access to [diabetes self-management education and support](#) (DSMES) services, which help people manage daily diabetes care—eating healthy food, being active, checking blood sugar, taking prescribed medications, and handling stress.

DSMES has been shown to lower A1C levels, prevent or lessen diabetes complications, and improve quality of life. These services can also lower medical expenses for people with diabetes and reduce the cost of diabetes to the U.S. health care system.

Rural populations have higher rates of diabetes compared to people who live in urban areas, but 62% of rural counties have limited DSMES services. The use of telehealth—delivery of services by phone, Internet, or videoconference—allows more patients in rural areas to benefit from DSMES.

CDC funds state and local health departments to improve access to, participation in, and health benefit coverage for DSMES.

CDC supports partners to:

- Improve prediabetes awareness among health care providers and people at risk.
- Increase access to and enrollment in the [National DPP lifestyle change program](#), and increase coverage among public and private payers and employers.
- Improve prediabetes screening, testing, and referral to the lifestyle change program.
- Increase [DSMES](#) access, participation, and health benefit coverage.
- Increase use of community health workers, pharmacists, and registered dietitians to support type 2 diabetes prevention and DSMES services.
- Partner with health care organizations to improve diabetes quality of care.

Studies show that awareness of risk is a critical first step in changing health behaviors. As of January 2024, the *Do I Have Prediabetes?* awareness campaign has resulted in 12.8 million online and video prediabetes risk test completions. In addition, nearly 270,000 visits have been made to the National DPP site to find a lifestyle change program location.



#### [Director's Bio](#)

Christopher S. Holliday, PhD, MPH, MA, FACHE

Dr. Holliday leads the Division of Diabetes Translation.

September 16, 2024

[Facebook](#) [LinkedIn](#) [Twitter](#) [Syndicate](#)

- [Divisions and Offices](#)
- [About Us](#)
- [Chronic Disease Interventions](#)
- [Budget and Funding](#)
- [Our Impact](#)
- [Social Media Resources](#)

[Sign up for Email Updates](#)