

PREDIABETES



*policy*RECOMMENDATIONS

Diabetes is one of the most alarming epidemics facing California and a fundamental health equity issue. To prevent diabetes rates and diabetes-related costs from continuing to rise, coordinated and collective action is imperative, with a special focus on low-income communities and communities of color where the burden of diabetes and prediabetes is the greatest. The following are the California Center for Public Health Advocacy's key policy recommendations for reducing rates of prediabetes and diabetes in California.

1. Increase dedicated funding in the California state budget for initial equity-focused diabetes prevention efforts.

In fiscal year 2014, California earmarked no state monies specifically for diabetes prevention.¹ State funding of \$0.03 per capita (all from federal funds) was the lowest in the nation.² As a first step, California should allocate state general funds comparable to other large states such as New York, which spends \$0.42 per capita for basic diabetes prevention efforts, which would amount to \$16 million per year annually in California and should focus particularly on communities where diabetes and prediabetes rates are highest. The state should also raise funds for comprehensive diabetes prevention efforts through other means, such as a statewide sugar tax or soda tax with funding distributed proportionately to rates of diabetes and prediabetes.

2. Require public and private insurance reimbursement of structured lifestyle modification programs designed to reduce the risk of diabetes among those with prediabetes, such as those recognized by the CDC's National Diabetes Prevention Program.

Results from the Diabetes Prevention Program clinical trial show that completing their program, losing five to seven percent of total body weight and exercising 30 minutes per day can reduce diabetes risk by up to 58 percent; up to 70 percent for those age 60 and older.³ Diabetes prevention program coverage by Medi-Cal programs is particularly important because it provides health care coverage to many Californians who are at the greatest risk for diabetes.

3. Enact state and local policies that reduce consumption of added sugars, particularly policies encouraging children to drink water instead of sugar-sweetened beverages.

If we are serious about turning around the diabetes epidemic, we must focus on the biggest culprits to have the greatest impact. Sugar-sweetened beverages are the number one source of added sugars in the American diet,⁴ they are a leading and proven contributor to the development of diabetes,^{5,6} and they are specially marketed in low-income communities and communities of color where consumption rates are already the highest.

Endnotes:

1. Noble A. States Address the Costs of Diabetes: 50-State Budget Survey for FY 2014. National Conference of State Legislatures; 2015.
2. California State Auditor. California Department of Public Health: Even With a Recent Increase in Federal Funding, Its Efforts to Prevent Diabetes Are Focused on a Limited Number of Counties; 2015.
3. Diabetes Prevention Program Research Group. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet*. 2009;374(9702):1677-1686. doi:10.1016/S0140-6736(09)61457-4.
4. Woodward-Lopez G, Kao J, Ritchie L. To what extent have sweetened beverages contributed to the obesity epidemic? *Public Health Nutr*. 2011;14(3):499-509. doi:10.1017/S1368980010002375.
5. Stanhope KL, Bremer AA, Medici V, et al. Consumption of fructose and high fructose corn syrup increase postprandial triglycerides, LDL-cholesterol, and apolipoprotein-B in young men and women. *J Clin Endocrinol Metab*. 2011;96(10):E1596-E1605. doi:10.1210/jc.2011-1251.
6. Malik VS, Popkin BM, Bray GA, Després J-P, Willlett WC, Hu FB. Sugar-Sweetened Beverages and Risk of Metabolic Syndrome and Type 2 Diabetes: A meta-analysis. *Diabetes Care*. 2010;33(11):2477-2483. doi:10.2337/dc10-1079.