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STATE POLICY POSITIONS FOR 2010

Diabetes in Virginia is:

- **Serious** - Diabetes was the 8th leading cause of death in 2008.¹
- **Common** - More than 700,300 adults were estimated to have diabetes (466,883 diagnosed and 233,441 undiagnosed) in 2007.² In addition an estimated 1.6 million adults have prediabetes which puts them at high risk of developing type 2 diabetes in the next 10 years.³
- **Costly** - Diabetes was the primary cause of 11,880 hospital discharges, costing over \$227 million dollars in 2006. Hospital discharges due to any cause of diabetes was over \$2.5 billion in 2006.⁴
- **Controllable** –Good management of blood glucose levels can reduce symptoms related to diabetes and reduce the risk of both acute and chronic complications. Additional interventions to control blood pressure and cholesterol levels, along with smoking cessation, can significantly lower risk for long-term diabetes complications.⁵
- **Preventable** –A number of studies have shown that with intensive lifestyle intervention and counseling including weight management, healthy eating and increased physical activity, we can reduce the new cases of diabetes and the progression from prediabetes to type 2. In fact if a person reduces their current weight by 5-7 percent, the risk of developing type 2 diabetes drops by 58 percent.^{6 7}

Medicaid Cuts

The Virginia Diabetes Council opposes any efforts to reduce or cut Medicaid coverage for persons with diabetes. Given the diabetes epidemic in Virginia and across the nation, it is important that everyone with diabetes have access to early and aggressive comprehensive care, including podiatry services. Provision of these services can reduce the burden of diabetes and its complications. Without adequate Medicaid coverage, quality of care suffers dramatically as patients' access to care is limited and they are unable to afford physician/healthcare provider visits, medications, diabetes blood glucose testing supplies and necessary diabetes self-management education. As complications increase due to poor care, costs rise significantly as a result of increased hospitalizations and emergency room visits which could be limited with access to proper care as outlined in the *ADA Clinical Practice Recommendations (2010)*. We understand the severe economic challenges facing our state. We believe, however, that this is one area that cannot sustain cuts without ultimately increasing the cost burden on the state and increasing the risk burden on persons with diabetes.

¹ Virginia Department of Health, Division of Health Statistics

² Behavioral Risk Factor Surveillance System (BRFSS) 2007.

³ Diabetes Care, Volume 32, Number 2, February 2009 pgs 287-294

⁴ Virginia Health Information (VHI), 2006

⁵ Guiding Principles for Diabetes Care: For Health Care Professionals (National Diabetes Education Program (NDEP) April 2009

⁶ Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med.* 2002 Feb 7;346(6):393-403.

⁷ The Diabetes Prevention Program Research Group. The Diabetes Prevention Program (DPP): Description of lifestyle intervention. *Diabetes Care.* 2002 December 1, 2002;25(12):2165-71.)

Healthy Foods Choices and Programs to Promote Physical Activity and Fitness

The Virginia Diabetes Council promotes policies that support healthy food choices and physical activity and fitness programs which support healthy weight among its citizens. It is well known that maintaining a healthy weight can reduce the progression to prediabetes and type 2 diabetes. We oppose the current trend of decreasing the amount of time secondary school students are required to spend in Physical Education. We also oppose the denial of physical activity during recess for behavioral or educational reasons. We support all efforts to promote the importance of attaining and maintaining a healthy weight, choosing healthy foods/meals and incorporating regular physical activity into a healthy lifestyle for all children. The Virginia Diabetes Council supports providing healthy and nutritious beverages and snacks as determined by nationally accepted guidelines in vending machines on school properties and as choices in school cafeterias and at other sites where children may gather. We support efforts to restrict or decrease the use of food in any reward system which is education or learning based.

Virginia Foundation for Healthy Youth - Tobacco Fund Settlement Funds

The Virginia Diabetes Council supports retaining the use of Tobacco Settlement Funds for their designated purposes of reducing and preventing youth tobacco use. Since the 2001 inception of the Virginia Foundation for Healthy Youth, the number of high school students smoking has been cut almost in half, well below the national average. Now, the Virginia Foundation for Healthy Youth's role has been expanded to include childhood obesity, an equally grave threat to our children, without additional funding. As of 2010, over thirty percent of all children in Virginia are considered obese and overweight. This is a staggering statistic. The time is now to help our children. VDC supports using the Tobacco Settlement Funds for the purpose of supporting programs which help our children prevent/reduce tobacco use, maintain/attain a healthy weight, choose healthy foods/meals and incorporate regular physical activity into a healthy lifestyle. Under the proposed state budget, the Virginia Foundation for Healthy Youth is slated for a 25% cut. These funds should not be used for any other purposes, including replenishing our state's general fund.

Private Drivers' Licenses

The VDC opposes policies that would deny private drivers with diabetes the ability to secure a driver's license without written permission by a medical professional. This is an unreasonable requirement and unfairly targets a people with diabetes.

Telehealth

The Virginia Diabetes Council supports the use of telehealth services in order to reach hard-to-serve areas of Virginia. We believe that all Virginians should have access to high-quality healthcare regardless of their location -rural, urban or suburban-and that their health information should be securely shared among providers using technologies that support safe and timely care delivery when and where it is needed.



The Virginia Diabetes Council works to improve the lives of Virginians affected by Diabetes by bringing partners together to identify and promote best practices for diabetes prevention, control, and treatment in Virginia. www.virginiadiabetes.org