



Keeping People With Diabetes Healthy

Legislator Policy Brief

The Healthy States Initiative

A partnership to promote public health



The Healthy States Initiative provides information state policymakers need to make decisions on public health issues. The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). The initiative brings state legislators together with public health experts and officials from the Centers for Disease Control and Prevention (CDC) and state health departments to share information and identify innovative policy solutions.

Healthy States Resources for State Policymakers

- **Healthy States Web site.** This unique Web site offers information and resources on many public health issues. Visit <http://www.healthystates.csg.org> to get information, sign up for publications and view the calendar and other information about the initiative.
- **Healthy States e-monthly.** This free monthly electronic newsletter brings the latest public health news, resources, reports and upcoming events to your inbox.
- **Healthy States Quarterly.** This free quarterly newsletter covers public health policy initiatives, innovative best practices, emerging disease prevention issues and information on Healthy States activities.
- **Healthy States Forums.** These forums, which bring together state legislators from across the country, feature educational sessions on public health issues, new legislator training and roundtable discussions with public health experts.
- **Healthy States Policy Briefs and Talking Points.** These resources, designed specifically for state legislators, address public health issues such as prevention of cancer and chronic diseases, HIV/AIDS and sexually transmitted diseases, use of vaccines, efforts to address health disparities and efforts to achieve wellness through community and school programs.

For More Information

Visit <http://www.healthystates.csg.org>

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What State Legislators Need to Know about Diabetes

Diabetes is an expensive disease. The average annual health care costs are more than five times as high for a person with diabetes than someone without the disease.¹ Diabetes also is a leading cause of cardiovascular disease, blindness, kidney disease, amputations and death. Nearly 21 million Americans have diabetes and a third of them don't know they have it.² Such hardships affect the ever-increasing state costs for Medicaid, as well as state employee health programs.

From 1980 to 2005, the number of Americans with diabetes nearly tripled.² In 2007, diabetes was responsible for an estimated \$174 billion in direct and indirect expenditures.³ By 2050, a projected 29 million will have diabetes, a 165 percent increase from the current prevalence.⁴ As more people develop diabetes and general health care costs rise, the economic toll of diabetes will increase.

Racial and ethnic minorities are disproportionately affected by diabetes, as they are with many other diseases. African-Americans, Hispanics, American Indians and Alaska Natives are almost twice as likely as whites to have diabetes.⁵

Much of the illness, death and disability caused by diabetes is avoidable. Control of blood sugar and blood pressure greatly reduces the risk of eye, kidney and nerve diseases. Control of cholesterol can reduce the risk of cardiovascular problems, such as heart attacks. Early treatment of eye, foot or kidney diseases can help reduce blindness, amputations and kidney failure.⁵ This brief informs state policymakers about what diabetes is, how it affects people and states, and what strategies can help improve diabetes management; it also provides examples of effective state programs.

What Can State Legislators Do to Help Keep People with Diabetes Healthy?

- Support public education about the disease and how to avoid complications.
- Require insurers to cover testing supplies, yearly eye, foot and dental exams, visits to dietitians and regular A1C testing, a blood test that measures blood sugar control over a three-month period.
- Support programs to promote active living and develop communities designed to make it easier and more accessible for people to become physically active. Regular exercise can help people with diabetes better control their disease and can help prevent diabetes in those who are at risk.
- Support using quality-of-care incentives for health care providers to follow nationally recognized treatment standards for diabetes in private health insurance, Medicaid and state employee health plans.
- Establish a diabetes registry in your state that allows providers and insurers to make sure people with diabetes are getting necessary preventive care.

Actions for State Legislators

Get Educated

- Learn about diabetes, its complications and how they can be avoided.
- Work with your state's Diabetes Prevention and Control Program to see which communities are affected by diabetes in your state.

Support Public Awareness Campaigns

- Support statewide awareness campaigns about diabetes, how to manage it and how to recognize its symptoms.
- To reach the communities most affected by diabetes, make sure awareness campaigns are culturally appropriate.

Support Programs to Promote Active Living

- Promote active living and communities designed to make it easier and more accessible for people to become physically active. Regular exercise can help people with diabetes better control their disease and prevent diabetes in those who are at risk.
- Provide attractive, safe and convenient opportunities for exercise by enhancing access to parks, walking trails and bike paths.
- Work with employers in your state to promote workplace health programs that promote sound nutrition, physical activity and smoking cessation.

Ensure Access to Treatment for People with Diabetes

- Require insurers to implement quality-of-care incentives for health care providers who follow nationally recognized treatment standards for diabetes in private health insurance, Medicaid and state employee health plans. Treatment standards recommended by the American Diabetes Association include:
 - Perform A1C blood tests at least twice a year;
 - Test cholesterol levels annually;
 - Advise patients to not smoke;
 - Give patients annual flu shots; and
 - Begin low-dose aspirin therapy in those who are at risk for heart disease.
- Require insurers to cover blood glucose meters and testing supplies to make it more affordable for people with diabetes to do self-monitoring of blood sugar levels.
- Support funding for diabetes education programs. They can help people manage their disease by teaching them when they should test their blood sugar levels and how to adjust their medicine and diet for optimal results.
- Support efforts to educate providers about optimal treatment standards, such as those recommended by the American Diabetes Association.

Support Expanded Screening for Diabetes

- Through state Diabetes Prevention and Control Programs, fund diabetes screening programs that focus on high-risk groups, such as African-Americans, Hispanics and older Americans.
- Work with diabetes advocates to encourage providing screening programs for at-risk populations in easily accessible locales, such as health care settings, community health fairs, churches and schools.
- Work with business groups to encourage providing worksite diabetes screening programs for employees.

Want to Know More?

We'll help you find experts to talk to about this topic.

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we'll help you connect with:

- an expert on this issue from the CDC;
- fellow state legislators who have worked on this issue; or
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to healthpolicy@csg.org or call the health policy group at (859) 244-8000 and let us help you find the advice and resources you need.

State Policy Examples

Kentucky: Sharing Ideas through the Kentucky Diabetes Network

In 1999, the Kentucky Department of Health's Chronic Disease Branch pulled together a steering committee of diabetes practitioners and advocates to determine the best way to leverage scarce resources, share ideas and coordinate the many diabetes programs across the state. That's when the Kentucky Diabetes Network was born. It is now an incorporated nonprofit group of more than 200 members, including doctors and nurses, hospitals, diabetes educators, insurance companies and even civic groups.

"It really was about knowing that there were a lot of great diabetes things happening out there in the state amongst not only our world of the (state) Diabetes Prevention and Control Program, but also the American Diabetes Association and the Juvenile Diabetes Research Foundation and all kinds of folks who were doing all kinds of wonderful things," said Theresa Renn, coordinator of the state's Diabetes Prevention and Control Program. "We felt like we weren't all talking to each other."

The Kentucky Diabetes Network is run by a board of directors and has six active work groups. The state's Diabetes Prevention and Control Program provides administrative support. Renn said the advocacy workgroup helped secure more funding for Diabetes Prevention and Control programs and the patient education workgroup has produced a wallet card for patients to easily keep track of the laboratory tests they need.

<http://www.kentuckydiabetes.net/index.html>

New Mexico: Helping People with Diabetes Quit Smoking

In 2006, members of New Mexico's Diabetes Prevention and Control Program combined resources with the Tobacco Use Prevention and Control program to address a common concern—people with diabetes who smoke. People with diabetes already face a greatly increased risk of dying from heart disease or stroke and if they smoke, that risk is increased threefold. Smoking also increases the risk of other complications caused by diabetes, including kidney failure, nerve damage and eye disease.

In an effort to expand the impact and integrate the efforts of both programs, the tobacco prevention staff gave highest priority to free nicotine replacement therapy for those with diabetes who called New Mexico's quit line. Community health workers were trained to interview patients about smoking cessation. Information about the quit line was distributed to primary care providers and a press release promoted the free nicotine replacement therapy during November, which is American Diabetes Month.

By June 2007, nearly 350 people with diabetes registered with the quit line. More than half of them received free nicotine replacement therapy. Judith Gabriele, manager of the state's Diabetes Prevention and Control Program, said the integrated approach makes sense not only because both public health programs seek to reduce smoking, but because it also allows the state department of health to leverage scarce program resources.

<http://www.diabetesnm.org/>

North Dakota: Provider Information Yields Better Results, Cost-Savings

In 1999, the North Dakota Department of Health partnered with Blue Cross/Blue Shield of North Dakota to report to doctors and providers whether their patients with diabetes receive appropriate medical care. The state funded a full-time person to comb through Blue Cross records and develop a registry of diabetes patients. The registry tracks whether patients regularly receive recommended care, including office visits, A1C tests, eye and foot exams, and kidney function tests.

Doctors receive quarterly reports on the services received by each of their patients. Health care systems, such as hospitals, receive summary reports of their providers, giving an overview of diabetes care at the institution. The registry now tracks nearly 11,000 patients and more than 500 providers. In three years, the initial investment of \$300,000, which was split between the state and Blue Cross/Blue Shield, saved an estimated \$9 million due to reduced hospitalizations and emergency room visits.

“In 1999, the first year, about 13 percent received all five care measures,” said Sherri Paxon, director of the Chronic Disease Division at the North Dakota Department of Health. “For the last two years, 2005 and 2006, we were up to about 45 percent. It’s a pretty dramatic increase in a fairly short amount of time.”

http://www.chronicdisease.org/files/public/SSS_ND_diabetes_WEB.pdf

Utah: Health Plans Partner for Better Care and Results

The Utah Diabetes Prevention and Control Program brought together a group of managed care organizations in 1999 to look for ways to improve diabetes care. The result was the Utah Health Plan Partnership, which now involves eight of the state’s managed care organizations that insure 40,000 people with diabetes. The partnership uses information gathered by the Health Employer Data and Information Set, an annual survey that gauges health care quality and is used by 90 percent of health plans in the nation.

The partnership tracks the number of patients who have control of their diabetes based on regular A1C testing. The partnership also measures whether patients receive eye exams, foot exams and kidney function tests. Results are impressive. Before the partnership, about 24 percent of people with diabetes met the goal of having an A1C test result of 7 or less. In 2006, the percentage of people meeting that goal had doubled to slightly more than 49 percent.

Members of the partnership meet monthly and set priorities for improved care twice a year. That cooperation is vital, said Richard Bullough, state diabetes program manager.

“We have across the state, the majority of health plans representing the majority of insured (people) focusing periodically on one issue,” Bullough said. “... So if a physician is working with four or five or six health plans, he’s getting the same message from those plans instead of being pulled in different directions.”

The state provided \$150,000 in seed money the first year and now commits \$75,000 to the partnership annually. Insurers provide about 10-to-1 matching funds to support the program.

<http://health.utah.gov/diabetes>

Advice from a State Legislator



Awareness is Key to Action

Alex Padilla
California Senate

Sen. Alex Padilla, a former president of the Los Angeles City Council, is in his first term in the California Senate. He serves on the Senate Select Committee on Obesity and Diabetes and is immediate past president of the Los Angeles Leadership Council of the American Diabetes Association. His motivation for working on diabetes legislation is his mother, who was diagnosed with type 2 diabetes.

In 2007, Padilla introduced Senate Bill 120, which would have required chain restaurants in California to provide nutritional information on menu boards. The bill passed the legislature but was vetoed by the governor; Padilla said he will reintroduce it. Also in 2007, Padilla sponsored Senate Concurrent Resolution 30 to declare March 27 as American Diabetes Alert Day in California.

His Advice to State Legislators:

- **Don't be afraid to get personal.** "For me, it's my mother. I'm at high risk of diabetes on both sides of the family. When my mother was diagnosed several years ago, finally I got an appreciation of what that means not just for her, but for the whole family. All those reports that came across my desk made a lot more sense. ... I don't hesitate to share my personal story. Before I open with a policy proposal or any sort of legal analysis, I talk to my colleagues about why I'm pursuing what I'm pursuing. Nine times out of 10, they tell me a story of their own."
- **Remember that diabetes is an important issue for every state.** "For every child born from 2000 on, unless we do something about it, one in four will develop diabetes in their lifetime. For communities of color, the figure is closer to half. From the public policy point of view, it's of paramount importance we do something. ... I think there's a tremendous amount of opportunity and room for us to do better at a policy level."
- **Information is vital to stemming the tide of diabetes and obesity.** "On a long-term basis, I think a big chunk of really tackling this issue is public information and awareness. The biggest two recommendations any expert will give people about how to either manage chronic diseases like diabetes or how to prevent diabetes or obesity ... are exercise more and eat better. Even those two recommendations, if not ingrained in people's daily thinking ... it's difficult to achieve. A lot of the legislative efforts I have (introduced) or even just the outreach in my own senatorial district that I do is just getting that message out there, beating the drum as loudly and as regularly as I can."

Advice From a Public Health Official

Finding Private Partners to Help with Public Health

Sherri Paxon

*Director of the Chronic Disease Division,
North Dakota Department of Health*



Despite sound research on what kinds of tests and treatments people with diabetes need to improve their health, many patients still aren't receiving them. The North Dakota Department of Health partnered with Blue Cross/Blue Shield in 1999 to create a diabetes registry to help ensure people were getting appropriate preventive medicine. And since Blue Cross/Blue Shield covers about 80 percent of the population in North Dakota, it was an easy way to reach the majority of people with diabetes in the state. Quarterly reports tell doctors and health care institutions what kind of care their patients are receiving. Since the registry began, the number of people receiving A1C tests, eye exams, cholesterol tests, office visits and kidney function tests all increased.

Sherri Paxon, director of the Chronic Disease Division at the North Dakota Department of Health, said working together with private partners, health care professionals and advocates can help legislators find new solutions for public health problems.

Her Advice to State Legislators:

- **Make diabetes a priority.** "It is becoming more and more of an epidemic. ... (A colleague) used to say all the time that the problem with diabetes was it's just not a sexy disease. I think we've got to find a way to make it a sexy disease. I think maybe it is becoming more so because we do have just such an epidemic and the people (affected by diabetes) are becoming younger and younger."
- **Realize that diabetes is an economic as well as a health care issue.** "The cost in health care is one thing; the cost in loss of productivity is a whole other area. If these kids have diabetes at such a young age, they're going to have complications in their 20s. It's a burden on everyone. ... If you're dealing with a chronic disease, you just can't be as productive and creative as you would if you were healthy."
- **Get to know your state health officials.** "Call your state health department. That's where the rubber meets the road in the states. ... That's a great place for legislators to start (working on diabetes issues)."
- **Form coalitions and partnerships wherever you can to maximize your impact.** "Every chronic disease program here has a coalition that brings in people from across the state (who are) working on that chronic disease. Right now we're working on integrating the different coalitions. ... We, by far, are underfunded. In order to make an impact, we need help from our partners across the state. We bring them together, talk about what's going on across the state. ... We keep everybody on the same page."

Key Facts and Terms

What Is Diabetes?

- Diabetes occurs when the body can't convert sugar from food into energy for the body's cells, resulting in the body being deprived of energy while the sugar remains in the bloodstream and causes damage to organs.
- Type 1 diabetes, which accounts for less than 10 percent of diagnoses, formerly was known as juvenile diabetes. It occurs when the body's immune system destroys the insulin-producing cells in the pancreas. Risk factors may include autoimmune, genetic and environmental factors.
- Type 2 diabetes happens when the body doesn't effectively use the insulin it produces. Older age, obesity, a sedentary lifestyle and certain races/ethnicities are risk factors.⁵
- Uncontrolled diabetes can lead to severe health complications.
 - Heart disease death rates and the risk for stroke are two to four times higher among people with diabetes.
 - Diabetes is the leading cause of new cases of blindness among adults ages 20 to 74.
 - Diabetes is the leading cause of kidney failure and more than 60 percent of nontraumatic lower-limb amputations occur in people who have diabetes.⁵

Who Is Affected by Diabetes?

- In the past 15 years, the number of people with diabetes has doubled, reaching almost 21 million in 2005. About a third of those people have the disease but don't know it.⁵
- Research suggests that type 2 diabetes, although still rare in youth, is being diagnosed more frequently in children and adolescents, particularly in American Indians, African-Americans and Hispanics.⁶
- An estimated 54 million adults over age 20 (or slightly less than the total populations of California and Florida) have prediabetes, which means they are much more likely to develop diabetes.⁵
- The risk of developing diabetes increases with age. Almost 40 percent of the people with diabetes are 65 and older.²
- The overall lifetime risk of developing diabetes for children born in 2000 is about three in 10 for all Americans compared to four in 10 for African-Americans and Hispanics and five in 10 for Hispanic females.⁷
- For all ages, American Indians, Alaska Natives, African-Americans and Hispanics develop diabetes about twice as often as whites.⁵
- Among nonwhite women, diabetes is the fourth leading cause of death, despite being the sixth leading cause of death for the general population.⁸

Appropriate Medical Care Can Help Control the Costs of Diabetes

- In 2007, diabetes was responsible for an estimated \$174 billion in direct and indirect expenditures.³
- The average annual health care costs for a person with diabetes are more than five times higher than for a person without diabetes (\$13,000 vs. \$2,500).¹
- Nationally, about 6 percent of Medicaid enrollees had diabetes in 2003. They accounted for 16 percent of all Medicaid spending, averaging nearly \$17,000 per person.⁹
- Appropriate primary care might have avoided nearly \$2.5 billion in hospital costs in 2001, including nearly \$400 million in Medicaid spending and \$1.3 billion in Medicare.¹⁰

What Scientific Research Says

Cost-saving or Highly Cost-effective Diabetes Control

- Good nutrition, maintaining an appropriate weight and regular exercise—which also can help prevent diabetes—are crucial to managing the disease.
- Education on diabetes self-management prevents hospitalizations. Every \$1 invested in education can cut health care costs by nearly \$9.¹¹
- Comprehensive yearly foot exams can reduce amputation rates by about half.⁵
- Blood pressure control can reduce health care costs by \$900 (in 2000 dollars) over the lifetime of a person with type 2 diabetes and can extend life by six months.¹²
- Control of blood sugar levels reduces the risk for eye, kidney and nerve disease by 40 percent.⁵
- Early detection of eye disease—and treatment with laser therapy—can cut the risk of blindness in half.⁷

Effective Strategies to Improve Diabetes Management

The Community Guide to Preventive Services outlines these proven public health strategies to address diabetes:

- **Disease management programs** have been shown to improve medical treatment, blood sugar control and other diabetes-related medical problems. Disease management programs focus on a defined group of patients, such as Medicaid enrollees with diabetes. Program staff members work with physicians as well as patients to improve health and/or economic outcomes.
- **Case management** is used for high-cost patients at risk of death or disability. When provided with disease management, case management has been shown to improve blood sugar control and increase the frequency of A1C testing by health care providers. Case managers develop an individual care plan for each patient and coordinate the services of multiple health care providers to ensure that adequate and appropriate care is being delivered in a cost-effective manner.
- **Diabetes self-management education**, which teaches patients with diabetes how to manage their disease, can improve A1C results. Education provided in community gathering places, such as libraries or churches, works for patients with type 2 diabetes. In-home education is successful for adolescents with type 1 diabetes.

Resources

Centers for Disease Control and Prevention (CDC)

- Diabetes Data and Trends
<http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>
- National Diabetes Fact Sheet
http://apps.nccd.cdc.gov/DDTSTRS/template/ndfs_2005.pdf
- State Surveillance Data
<http://apps.nccd.cdc.gov/DDTSTRS/StateSurvData.aspx>
- Diabetesatwork.org: Helps businesses see how diabetes affects their operations and gives information on programs that help employees manage their disease.
<http://www.diabetesatwork.org/>

Healthy States Initiative

- Diabetes Web page
<http://www.healthystates.csg.org/Public+Health+Issues/Diabetes/>
- Healthy States publications available at:
<http://www.healthystates.csg.org/Publications/>
 - Keeping People with Diabetes *Healthy Talking Points*
 - Preventing Disease Through Physical Activity *Legislator Policy Brief and Talking Points*
 - Childhood Obesity *Tool Kit and Talking Points*
 - Adult Obesity *Tool Kit and Talking Points*
 - Using School Nutrition to Address Obesity *Talking Points*
 - Community Programs for Wellness *Talking Points*

American Diabetes Association

- <http://www.diabetes.org/home.jsp>
- Diabetes Cost Calculator: Gives the total, medical and indirect costs of diabetes for each state.
<http://www.diabetes.org/advocacy-and-legalresources/cost-of-diabetes.jsp>
- Clinical Practice Recommendations
http://professional.diabetes.org/CPR_Search.aspx

Kaiser Family Foundation

- Statehealthfacts.org: Provides state-by-state information about childhood obesity, rates of diabetes and death due to diabetes, heart disease and smoking rates.
<http://www.statehealthfacts.org/>

The Community Guide

- Provides recommendations on policies and programs that promote public health, including topics such as diabetes, obesity and physical activity.
<http://www.thecommunityguide.org/>

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Preventing Diseases: What Works

Policies That Work Based on the Research Evidence

1. Promote healthy eating.

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Providing access to healthful foods and nutrition information in every community makes it easier for people to make healthy food choices.

2. Get people moving.

Community information campaigns and easy access to safe places for physical activity help people become more physically active and lower their risk of chronic diseases.

3. Help smokers to quit and youth to never start smoking.

Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—effectively curb smoking and reduce the incidence of cancer and heart disease.

4. Encourage prevention coverage.

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven strategies to increase the rates of people taking preventive action.

5. Promote health screenings.

Policies that promote—through workplace health programs and media campaigns—the importance of health screenings in primary care settings are proven ways to help reduce rates of chronic disease.

6. Protect kids' smiles.

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven methods to dramatically reduce tooth decay.

7. Require childhood immunizations.

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

8. Encourage immunizations for adults.

Policies that support and encourage immunizations of adults—including college students and health care workers—reduce illness, hospitalizations and deaths.

9. Make chlamydia screenings routine.

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

10. Promote routine HIV testing.

Making HIV testing part of routine medical care for those ages 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at <http://www.ahrq.gov/clinic/uspst-fix.htm>, <http://www.thecommunityguide.org/policymakers.html> and http://www.prevent.org/images/stories/health_policy.pdf.

What the CDC Does for States

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC's mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily-determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

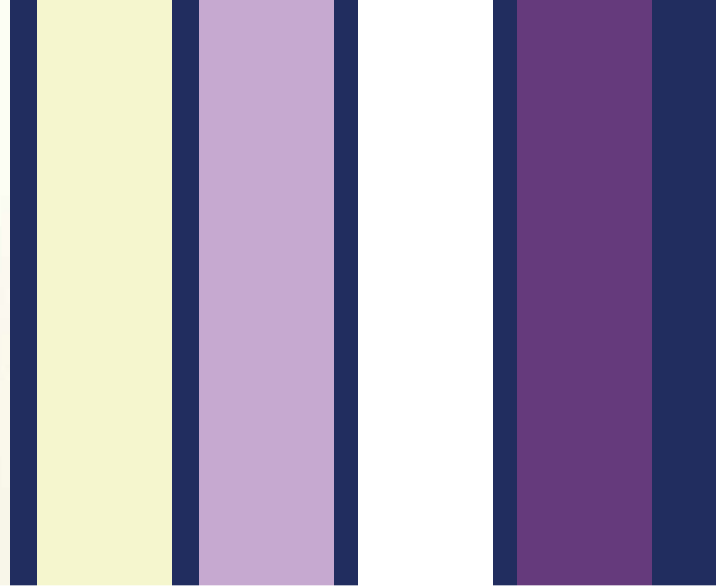
The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state's public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State-specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC's efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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