

BURDEN FACTS

- Diabetes increases the risk of heart disease, stroke, kidney failure, influenza, and pneumonia. It also can lead to blindness, amputations, and pregnancy complications.
- In 2015, about 63,600 Montana adults aged 18 years and older were diagnosed with diabetes.
- Screening for gestational diabetes is often missed or delayed because women do not receive adequate prenatal care.
- A person with diabetes has about 2.3 times the average annual health care cost of a person without diabetes.

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PROGRAM ACTIVITIES

- The **Montana Diabetes Program** is committed to:
 - Reduce diabetes-related disease and death rates.
 - Prevent or delay type 2 diabetes among Montanans at high risk.
 - Improve the quality of life of all Montanans with diabetes.
- The **Montana Diabetes Advisory Coalition** has engaged partners since 1994 to discuss current issues in diabetes and set key priorities. It consists of about 40 members representing a variety of stakeholders and organizations statewide.
- The **Montana Diabetes Prevention Program (DPP)** is an evidence-based program that supports healthy lifestyle changes for adults who are at risk for developing type 2 diabetes. Trained lifestyle coaches deliver the 12-month intensive lifestyle intervention which focuses on weight loss, physical activity, and behavior change. Over 1,000 participants enroll annually at the 20 DPP sites, including telehealth delivery to rural and frontier communities.
- **Quality Improvement** interventions and the Diabetes Quality Care Monitoring System (DQCMS) assist primary care practices in practicing evidence-based medicine, tracking diabetes management, and improving outcomes for Montanans with diabetes. Target areas are:
 - A1C, blood pressure and cholesterol levels
 - Preventive services (e.g., tobacco cessation, immunizations)
 - Screenings (e.g., diabetes, chronic kidney disease)
 - Self-management education (e.g., medications, foot care).
- The **Quality Diabetes Education Initiative (QDEI)** aims to increase access to diabetes self-management education (DSME), which is an integral component of diabetes care. Two main strategies are to:
 - Offer a multi-tiered, self-study and peer-mentoring program to health professionals interested in increasing their skills and knowledge as well as those pursuing the Certified Diabetes Educator (CDE) credential.
 - Provide technical assistance to support outpatient sites in developing a DSME program and becoming recognized or accredited.
- An **Annual Diabetes Conference** provides state-of-the-art training and networking and is attended by 150 to 200 health professionals.

RESOURCES

- Visit our website for more information: www.diabetes.mt.gov