

Dexcom State of **Type 2** Report:

Global Access and Attitudes to
Diabetes Technology



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Introduction

A foreword from Professor Peter Schwarz, President of IDF

The global impact of type 2 diabetes continues to grow, bringing profound consequences for individuals, families, communities and health systems. Millions of people live with diabetes without a diagnosis, while many others face major barriers to accessing the education, treatment and ongoing support they need to manage their condition.

We must act with urgency, ambition and a clear commitment to equity. Every person living with diabetes should have the opportunity to access high-quality, person-centered care—regardless of where they live, their income or the treatment they use. This includes access to essential medicines, diabetes education, trained healthcare professionals and, where clinically appropriate, technologies that can support informed daily decisions.

Continuous glucose monitoring (CGM) and other sensor-based technologies have the potential to help people with diabetes understand how food, physical activity, medication, stress, sleep and illness affect glucose levels. When combined with education and professional support, these insights can empower people living with type 2 diabetes (PWT2D) to take a more active role in managing

their health and engage more meaningfully in shared decisions with their care teams.

However, the benefits of innovation must not remain limited to those who can afford it or who live in well-resourced health systems. We should work together to reduce barriers to access, strengthen education for both healthcare professionals and people living with diabetes, and develop reimbursement and delivery models that make effective technologies available to those who can benefit from them.

Technology is not a replacement for comprehensive diabetes care, but it can be an important part of a broader approach that brings together prevention, early diagnosis, affordable treatment, structured education and ongoing support.

I welcome continued dialogue among people living with diabetes, healthcare professionals (HCPs), policymakers, civil society organizations and responsible industry partners. Together, we can ensure that progress in diabetes technology translates into better, fairer and more sustainable care for people with diabetes worldwide.



Professor Peter Schwarz
President, International Diabetes Federation

Diabetes prevalence across countries surveyed (adults, 20–79 years)^{1*}

Country	Number of PWT2D
Germany	6.5M
Italy	5M
Japan	10.8M
Poland	3.1M
Saudi Arabia	5.3M
Sweden	566.6K
United Kingdom	4.5M
United States	38.5M

^{*}Represents estimates from 2024 data
¹ International Diabetes Federation Diabetes Atlas 2025

Executive Summary

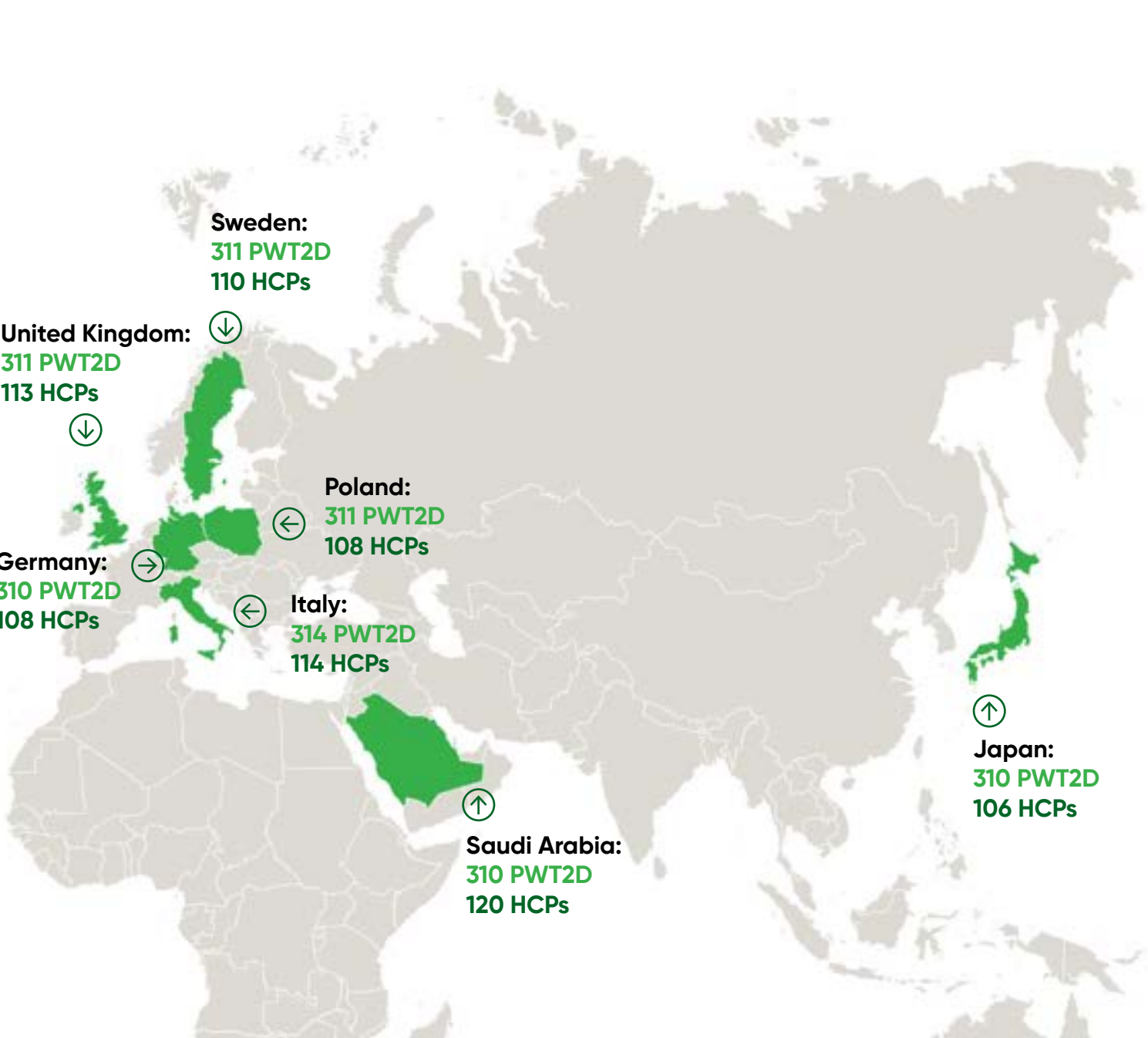
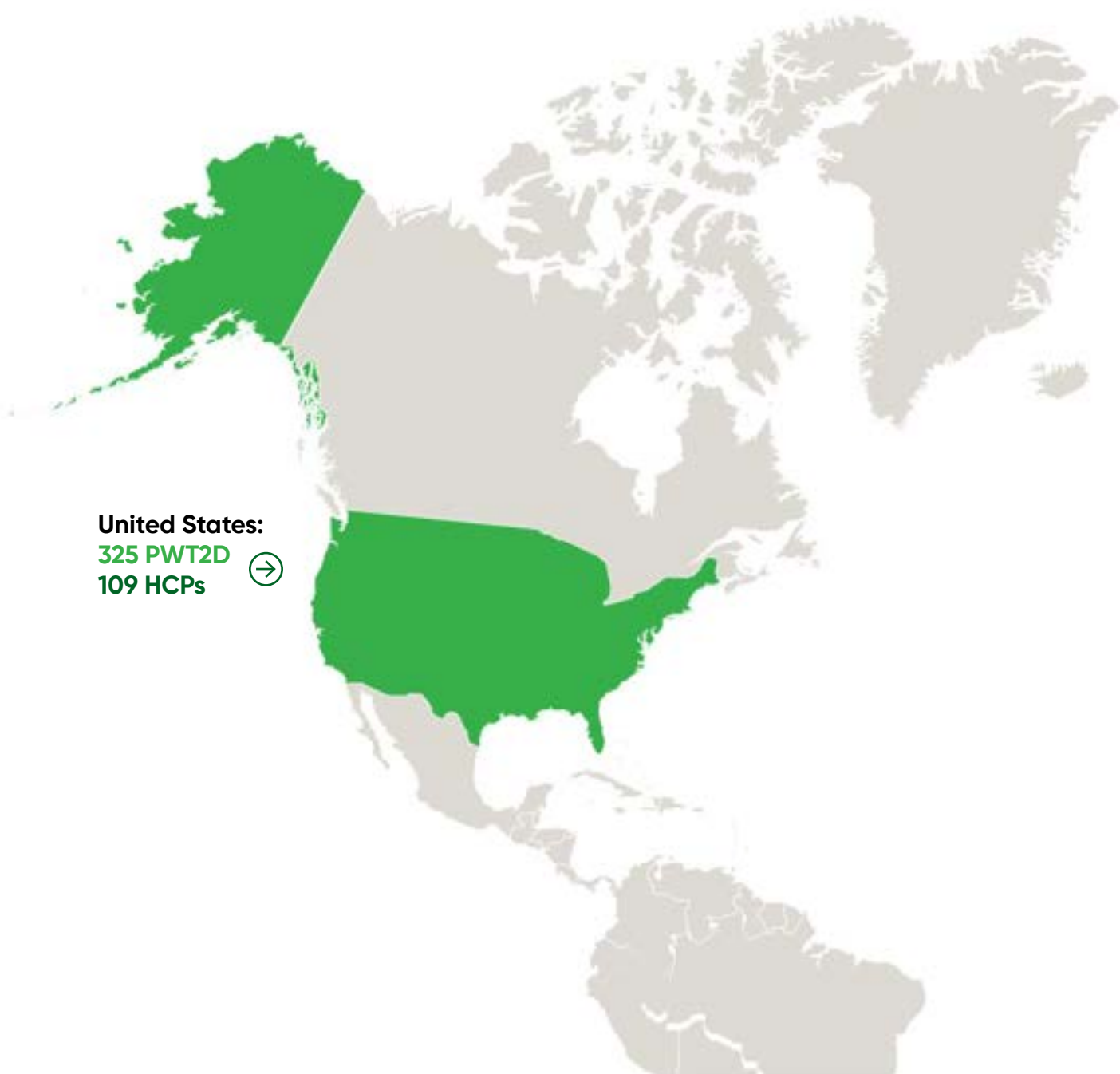
In April 2026, Dexcom partnered with HarrisX to survey more than 3,000 people across eight countries to explore how attitudes and experiences related to type 2 diabetes and technology have evolved over the past year. This includes 2,502 people living with type 2 diabetes in Germany,

Italy, Japan, Poland, Saudi Arabia, Sweden, the United Kingdom and the United States, as well as 888 healthcare professionals across these same countries.

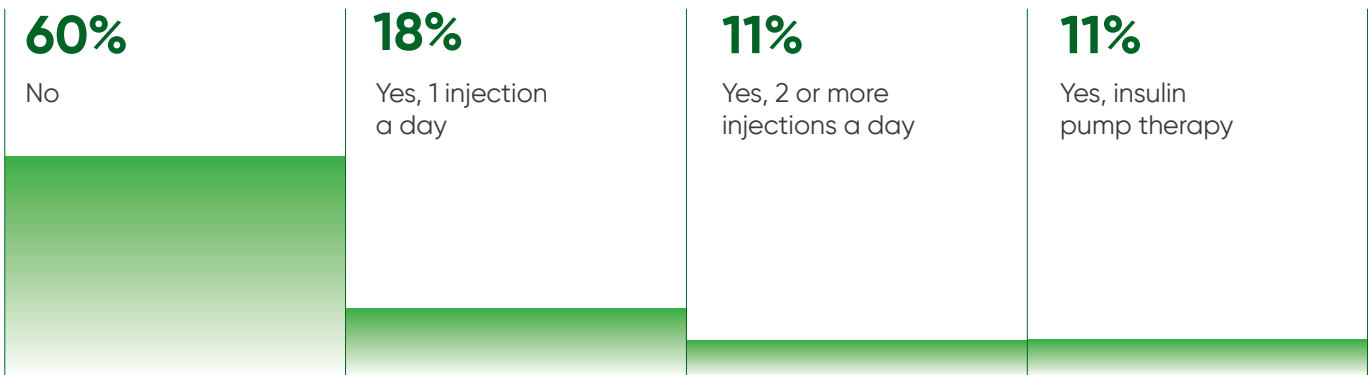
A robust study surveying two key audiences:

2,502 PWT2D (mix of insulin-dependent, GLP-1, oral and lifestyle-managed)

888 HCPs managing patients with type 2 diabetes (50/50 split between doctors and nurses)



Respondents with type 2 diabetes who use insulin



Respondents with type 2 diabetes who take a GLP-1



HCPs surveyed by job title



What we learned in 2025

HCPs support CGM as the standard of care for PWT2D, but there are significant gaps in CGM awareness, education and access.

PWT2D who used CGM reported outcomes that exceeded expectations.

HCPs recognize CGM can improve outcomes when paired with a GLP-1.

What's notable in 2026

HCPs note improving access to CGM as one of the top ways to help PWT2D manage their condition.

Low awareness and barriers to accessing CGM persist, yet outcomes for those who use it are consistently exceptional.

GLP-1 and CGM adoption as a paired treatment has significantly increased.

Closing education, awareness, literacy, and access gaps are needed to improve health outcomes.

What's new

GLP-1 use is booming globally as adoption among those surveyed has nearly doubled since 2024—and the current data shows that continuous glucose monitoring (CGM), a type of glucose biosensing technology, is emerging as the natural complement. More than half of GLP-1 users on insulin are already pairing these treatments, and 43% of HCPs are aware of these as complementary tools. With the majority of patients open to CGM if recommended alongside a GLP-1, the opportunity for convergence is significant and largely underutilized.

HCP respondents who are aware of CGM and GLP-1s as complementary tools



What remains unchanged

The paradox is clear: awareness of CGM and access to this technology among PWT2D remain stubbornly low—55% of PWT2D have little knowledge; 90% of US HCPs cite coverage limitations; and 53% of HCPs in the other seven surveyed countries cite reimbursement as a top barrier to uptake—yet outcomes for those who use it are consistently exceptional.

Opportunities for progress

Supporting PWT2D to achieve their treatment goals: There's a striking disconnect. Most PWT2D believe they're following their treatment plans (some surveyed countries report 80%+ adherence). Yet 70% of HCPs cite getting their patients to follow their treatment plans as a challenge they face when caring for PWT2D; 23% cite it as their biggest challenge. The growing gap reveals a visibility problem: PWT2D lack real-time feedback on how their choices impact glucose, while HCPs lack insight between visits.

CGM bridges this gap: 89% of HCPs believe CGM can help them assess whether PWT2D are following their treatment plans between appointments. Among current CGM users, more than half say they have followed their treatment plan more closely since starting CGM, suggesting that CGM helps give PWT2D the real-time accountability that transforms adherence.

Among CGM users, 94% say they manage diabetes more independently, 93% find it easy to use, and, critically, 91% use the data to inform their treatment decisions—following trends from last year's report and demonstrating that when CGM reaches PWT2D and is supported by education and care-team engagement, it fundamentally transforms how they manage diabetes.

Health and tech literacy: These challenges persist and are a key barrier to CGM adoption, making education a top priority. 23% of HCPs rank "more educational support for people with diabetes" in the top 2 most important drivers for increasing CGM usage.

HCPs play a vital role in patient education, but they can't do it alone. Equipping HCPs with the right tools and knowledge can enable them to have more meaningful conversations with their patients.

Additionally, offering PWT2D educational support can help them connect the dots between glucose levels, medication, food, activity, stress and sleep. By understanding how these factors interact, individuals can make informed decisions that may help lead to better health outcomes.



The global GLP-1 boom and CGM's untapped role

GLP-1 use is booming globally

GLP-1s have had a major impact on diabetes and wellness culture, with prescriptions increasing fourfold in the United States from Q2 2021 to Q1 2026.¹ Furthermore, estimates show the global market for GLP-1 drugs reaching \$190 billion by 2035—more than double 2025 levels.² Since December 2024, the share of PWT2D who use GLP-1s has nearly doubled across markets we

surveyed in both 2024 and 2026, with 37% reporting they use the medication (up from 21%). While the percentage of people who use GLP-1s varies country by country, this significant rise supports the trend that both PWT2D and providers are turning to medication to manage type 2 diabetes and that it's more than just a fad.

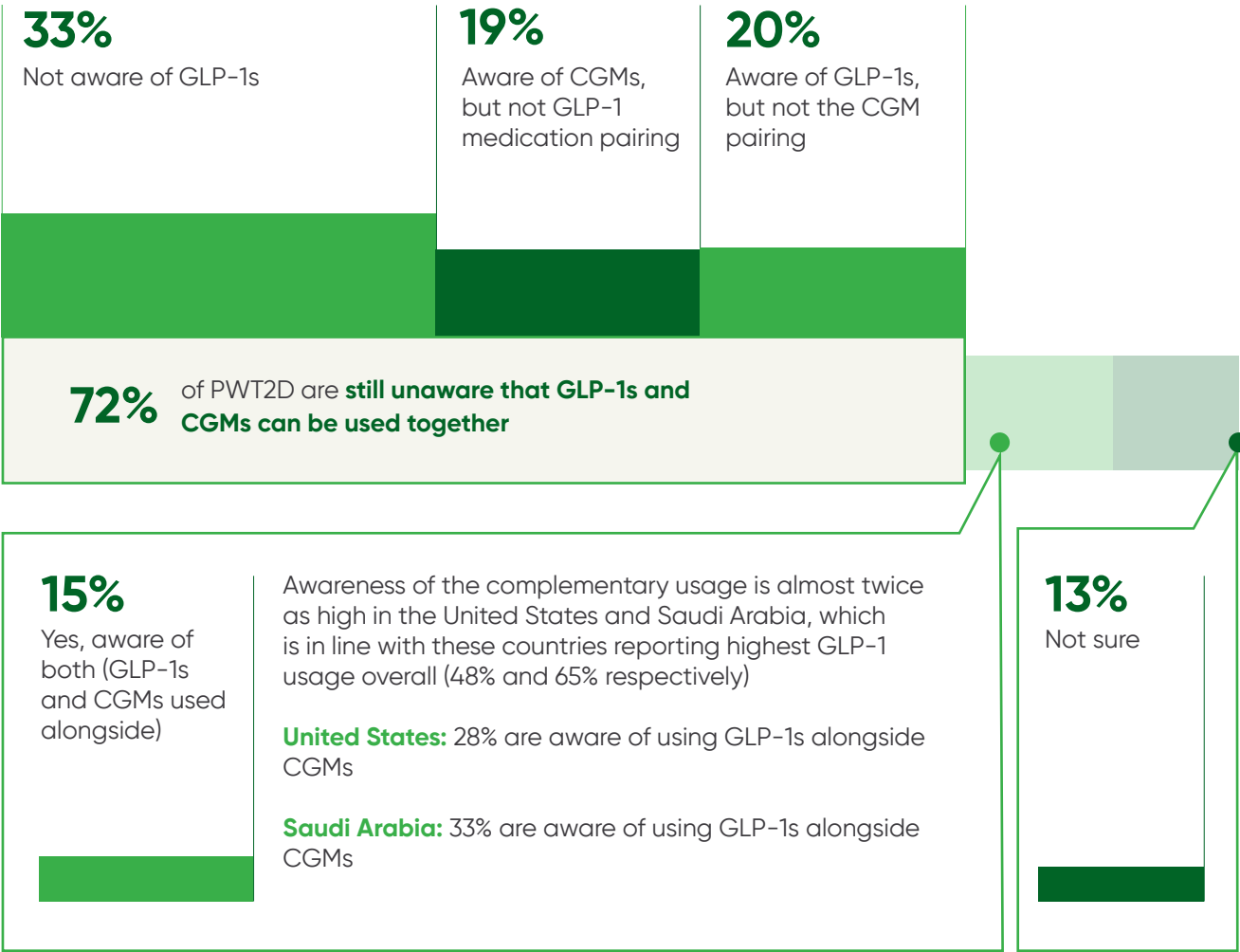
Country	Use of GLP-1s by respondents with type 2 diabetes
Germany	25%
Italy	31%
Japan	20%
Poland	35%
Saudi Arabia	65%
Sweden	40%
United Kingdom	34%
United States	48%

The convergence of CGM and GLP-1s is just beginning—but there's potential for greater uptake

Already, 58% of GLP-1 users say they pair the medication with CGM. However, this rate drops significantly for non-insulin users (27%), despite scientific evidence showing strong benefits of CGM use in combination with GLP-1s specifically among the type 2 non-insulin using population, as demonstrated in CONNECT, a randomized control trial evaluating CGM use in PWT2D not using insulin. This could be caused by several factors including insurance coverage barriers as well as education gaps for both providers and PWT2D.

Globally, almost three out of four PWT2D (72%) are still unaware that GLP-1s and CGMs can be used together. 65% of people who don't use a GLP-1 or a CGM would be interested in trying CGM if their HCP recommended a GLP-1 alongside it to help them understand their progress, demonstrating a significant education and awareness opportunity for providers.

Before today, were you aware that some people use a CGM alongside GLP-1 medications to help track their glucose levels?



¹ Epic Research, GLP-1 Use Has More Than Quadrupled Since 2021 as Obesity Rates Continue to Show Signs of Decline, May 21, 2026 ² Morgan Stanley, Obesity Drugs Are Scaling Fast, April 22, 2026

Real-world evidence supports this notion, too

In adults with type 2 diabetes, full-time CGM use was associated with greater and sustained improvements in A1C across treatment regimens, including GLP-1s, compared to those who were not using CGM.¹

The United States and United Kingdom are leading among healthcare providers that most strongly believe GLP-1 use will drive future CGM adoption

(65% of American HCPs and 62% of British HCPs). Across all surveyed countries, half (50%) of HCPs expect growing GLP-1 use to boost CGM uptake, signaling an education opportunity around how these tools are complementary, not competitive, to each other. Real-world evidence supports this notion, too.

¹ Hirsch et al., "Continuous Glucose Monitoring and Glycemic Control in People with Type 2 Diabetes," JAMA Network Open 2025;8(10)



Persistent barriers to CGM adoption

Health and tech literacy is lacking

Awareness of both diabetes and CGM as a solution remains a critical gap. Despite awareness campaigns—from Dexcom, as well as other diabetes advocacy organizations and government agencies—75% of PWT2D knew little or nothing about diabetes when they were diagnosed. This is nearly unchanged since December 2024, showing stagnation in making meaningful progress. This knowledge gap is more alarming when you consider that diabetes is one of the most prevalent chronic conditions around the world.

Furthermore, more than half of all people surveyed in six of the eight markets still did not realize how much of an impact diabetes would have on their daily life. This was the highest in the UK (70%), Sweden (68%) and Germany (65%).

This lack of understanding is especially concerning for a condition like diabetes, since daily choices around diet, activity and sleep have been shown to help manage some of the health complications associated with diabetes.¹ In other words, had people with diabetes known more about their health through access to education and personal insights, they may have been more empowered to make personalized, insight-driven decisions that positively impacted their health. This is further supported by CONNECT, a randomized controlled trial of PWT2D not using insulin. All participants received diabetes education on diet and exercise at the start of the study, and those using CGM achieved clinically and statistically significant reductions in A1C and improvements in time in range.²

1 American Diabetes Associations Standards of Care in Diabetes 2026
2 Oser T, et al. CGM for Adults with Type 2 Diabetes Not on Insulin: The CONNECT Randomized

Controlled Trial. Presented at the 2026 Scientific Sessions of the American Diabetes Association, June 6, 2026. New Orleans, LA; USA.



When you were first diagnosed with type 2 diabetes, did you know how much it would impact your life?

Country	Yes	No
Germany	34%	65%
Italy	47%	51%
Japan	44%	48%
Poland	38%	57%
Saudi Arabia	62%	26%
Sweden	31%	68%
United Kingdom	28%	70%
United States	42%	58%

Not only is there a health literacy challenge, but over half of PWT2D also have little to no familiarity with CGM. Over half of PWT2D say they know what a CGM is, but deeper understanding remains limited: only 33% say they know what a CGM is and how it can help

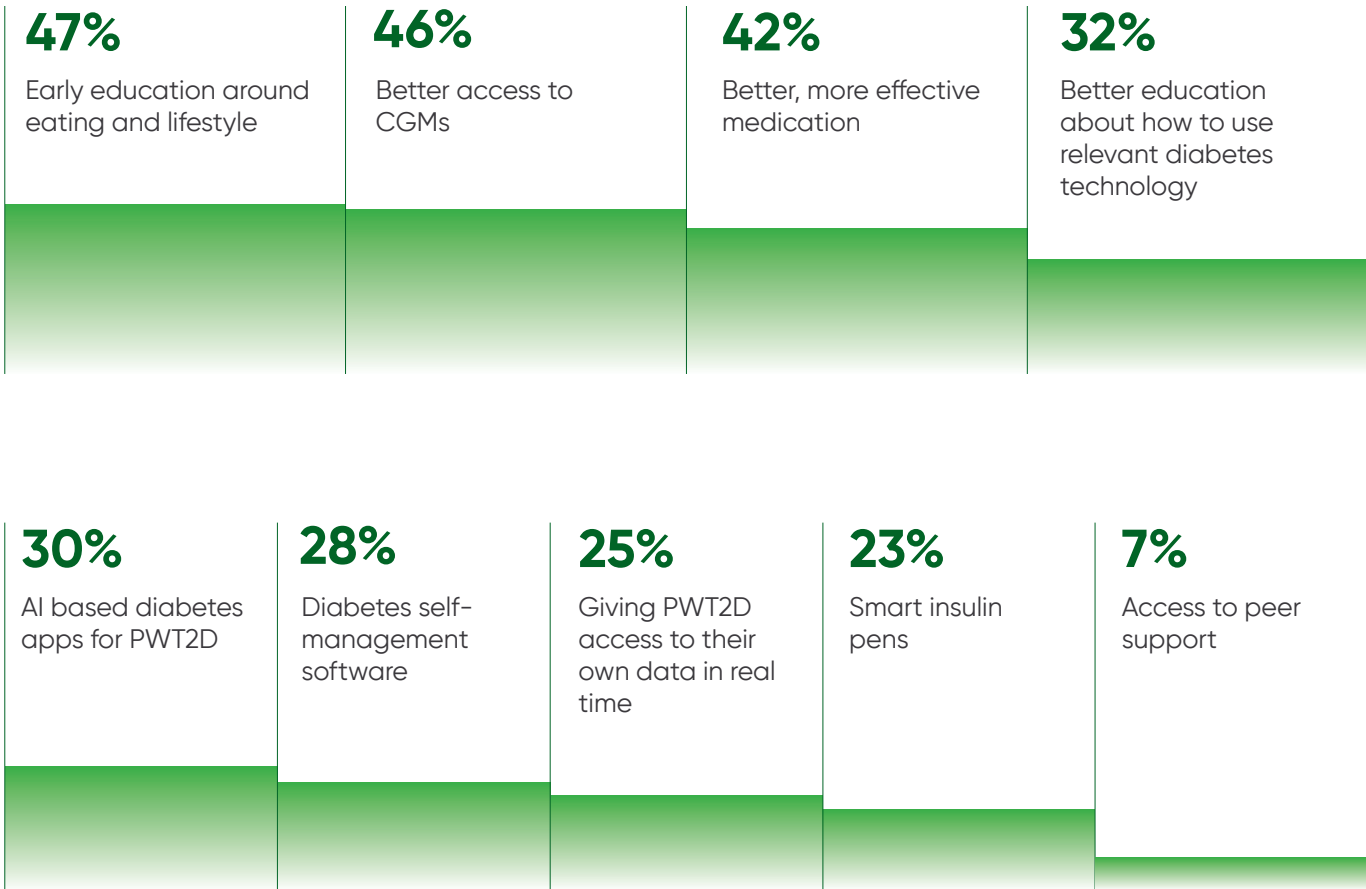
manage type 2 diabetes, while 28% say they do not know what a CGM is at all. Interestingly, the share of respondents who know what a CGM is more than doubles among insulin users, indicating an opportunity for clinicians to reach and educate non-insulin users.

Access remains critical

Access to affordable tech is also still a key concern for both PWT2D and providers.

HCPs continue to see access to CGM among the top three factors that have the greatest potential for helping people manage type 2 diabetes over the next 10 years, ranking above better, more effective diabetes medications.

Which three of the below do you think has the potential to positively help people with type 2 diabetes manage their condition in the next 10 years?



In the United States, around one in four PWT2D say they had difficulty paying for diabetes medication or supplies in the past 12 months, highlighting the role of socioeconomic factors.

HCPs are mindful of the socioeconomic factors at play as well. Healthcare costs are at all-time highs, and certain policy changes are making it more difficult for people to find coverage, contributing to limitations with CGM use among PWT2D across all countries surveyed.

Which of the following socioeconomic factors limit CGM uptake among your type 2 patients?

Country	Reimbursement, eligibility, cost barriers	Reluctance to adopt new technology	Low digital literacy
Germany	53%	48%	49%
Italy	56%	39%	52%
Japan	43%	60%	47%
Poland	77%	44%	62%
Saudi Arabia	41%	70%	63%
Sweden	46%	42%	38%
United Kingdom	52%	54%	53%
United States	90%	57%	42%

CGM can help solve pressing challenges

Supporting PWT2D adhere to their treatment plans

While self-reported data on the extent to which PWT2D are following their treatment plan varies greatly by country (some report 80%+ adherence to their treatment plan), most PWT2D claim that they're consistently staying on track with their treatment plan. However, this conflicts sharply with what healthcare professionals report: 70% say they struggle with getting their patients to follow their recommendations (23% cite this as their biggest challenge).

This is where the value of CGM becomes apparent. Among current CGM users, more than half say they have followed their treatment plan more closely since starting CGM, and 89% of HCPs believe CGM helps assess whether patients are following their treatment plan between visits, which could provide the accountability that enables adherence.

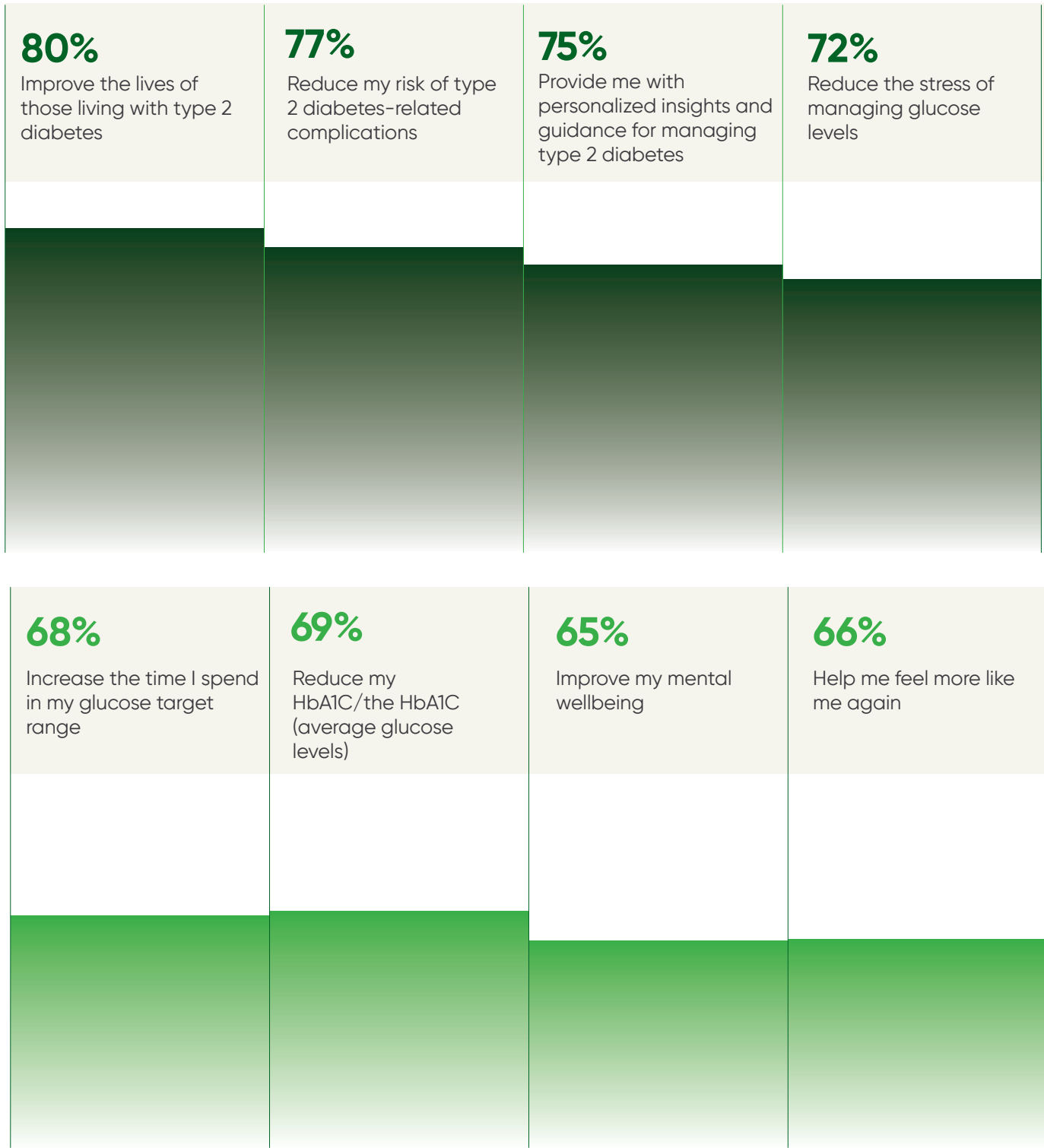
An overwhelming majority agrees: CGM could improve quality of life for those living with type 2 diabetes

Being better able to follow treatment isn't the only beneficial byproduct of CGM use. Among the ~300 CGM users surveyed, actual experience consistently surpasses expectations: 94% report managing their diabetes more independently, 93% find it easy to use, and critically, 91% report using CGM data to actively inform their treatment decisions—demonstrating that CGM is not just a monitor, it can be a behavior-change tool.

What's more, non-CGM users recognize the benefits CGM could have on their health, and 69% of surveyed PWT2D say they would be likely to try CGM if it were offered by their HCP, underscoring a major opportunity for providers to empower a critical population. Therefore, it may be advantageous for HCPs to have more conversations with their type 2 patients about CGM as an additional tactic for improving their quality of life, among other potential benefits.



What CGM-aware non-users believe CGM could potentially do for them...



Conclusion and **call to action**

A solvable challenge requiring system collaboration

The 2026 data reveals a critical opportunity at the heart of global diabetes care: while CGM has demonstrated transformative impact for those who use it, awareness gaps and access barriers prevent this proven solution from reaching millions of PWT2D.

Our survey uncovers three interconnected challenges: health literacy, technology literacy and systemic access. Importantly, these are not insurmountable obstacles rooted in clinical efficacy or willingness from PWT2D. Rather, they reflect

gaps in education infrastructure, reimbursement frameworks and cross-sector collaboration that, when addressed, can unlock CGM's full potential.

The evidence is clear: when CGM reaches PWT2D, it fundamentally transforms diabetes management. The challenge is not whether CGM works. The challenge is ensuring the ecosystem—providers, health systems, policymakers and PWT2D—has the tools, knowledge and access to deploy it universally.

Join the movement

Results in and of themselves are not enough to effect meaningful change, and lasting impact can't be done alone. Thus, we call upon three influential audiences to support our efforts in using the insights from this report as a foundation for driving systemic improvements in diabetes management:

For HCPs

- Educate and engage patients on CGM as a complementary tool alongside GLP-1s
- Recommend CGM to assess and help improve patient adherence between visits

For policymakers and global health organizations

- Invest in scalable diabetes education infrastructure that reaches both PWT2D and providers
- Modernize reimbursement policies to reflect CGM's clinical and economic value in type 2 diabetes management
- Support cross-sector collaboration to remove system barriers to CGM access

For industry partners

- Work collaboratively on access initiatives that reach underserved populations
- Expand educational resources that support providers and PWT2D



A closing statement from Jake Leach, Dexcom President and CEO

Dexcom has pioneered glucose biosensing starting with a simple goal: eliminate fingersticks and replace them with real-time, personalized insights that improve health outcomes and quality of life. Over the last 25 years, we've transformed the industry through innovations that further empower people, of all walks of life, to take control of their health. The life-changing impact we've had on diabetes management to date has only fueled greater drive and responsibility to bring those same improvements to all people with diabetes, regardless of type or treatment.

The true measure of Dexcom's innovation isn't the technology itself, it's the impact it has on people's lives. One story that has stayed with me is that of a former teacher with obesity, polyendocrine metabolic ovarian syndrome (PMOS) (formerly known as polycystic ovary syndrome [PCOS]), and an A1C of 8.2 who began using CGM to better understand how her body responded to the changes she made in food, medication, and activity. Over the next three and a half years she used the information from her CGM to change her habits, resulting in reducing her A1C to 5.5, losing more than 100 pounds, coming off diabetes medications entirely and maintaining her results. Her journey illustrates a critical point: when we translate data into personalized guidance and sustained behavior change, we create lasting impact.

Building clinical evidence supports CGM as the gold standard for all people with diabetes

While personal stories like these paint a powerful picture of the impact CGM can have, the clinical evidence supporting the use of CGM for all people with type 2 diabetes also continues to build. This past June, we announced results from the CONNECT study, a randomized controlled trial evaluating the use of Dexcom G7 in people with type 2 diabetes not using insulin. As the first

and only level A evidence demonstrating strong benefit of CGM for the type 2 non-insulin using population, CONNECT has been recognized as the most significant clinical study demonstrating CGM benefits for people with type 2 diabetes not using insulin. Some highlights¹ of the study include:

- Average 1.6% A1C reduction with Dexcom G7 from baseline mean A1C of 8.8%
- 68% of participants using Dexcom G7 reached <7.5% A1C at 26 weeks and 46% reached < 7.0% A1C at 26 weeks, demonstrating both clinically and statistically significant reductions
- The use of Dexcom G7 alone lowered A1C more than any other medication treatment group with a 2.4% reduction in A1C compared to 1.5% in the control group
- Participants using Dexcom G7 reported a greater satisfaction with the use of Dexcom CGM compared to those using self-monitoring of blood glucose and reduced diabetes distress and disease burden

And earlier this year, the American Diabetes Association updated its Standards of Care, recommending CGM for adults with diabetes whenever it can aid management and improve outcomes, regardless of treatment or medication type.² We believe the growing body of clinical evidence will help further establish Dexcom glucose biosensing as the new global standard of care in people with type 2 diabetes.

Turning evidence into access and action

We continue to make progress in expanding access. In the United States, we now have coverage for all people with diabetes across the four largest commercial PBMs. This provides us with

reimbursement for more than 7 million people with type 2 diabetes who are not on insulin, while still anticipating Medicare coverage for this cohort by mid-2027. In international markets, CGM reimbursement and access for people with type 2 diabetes is in even earlier stages, but some markets, like France and Japan, have already expanded reimbursement for people with type 2 diabetes.

The 2026 Dexcom State of Type 2 Report builds on last year's finding that CGM is the foundation of successful type 2 diabetes management. This year's data reinforces that truth and reveals exactly where the barriers remain: not in clinical efficacy, but in awareness and access for all people with type 2 diabetes.

When people have access to the care and information they need, and know how to interpret

that information, they're better poised to have control over their own healthcare journey. We've made transformative strides in the advancement and availability of diabetes management technology over the last few years, as well as in helping people understand their condition; and we remain committed to expanding access to these tools and providing educational resources about their benefits for all people with type 2 diabetes. But there's clearly still work to be done—at Dexcom and across the globe.

We hope this report inspires you to join us in three critical priorities: improving diabetes education, expanding glucose biosensing access and recognizing that monitoring glucose levels in real time is essential to care.



Jake Leach
President and Chief Executive Officer, Dexcom

¹ Oser T, et al. CGM for Adults with Type 2 Diabetes Not on Insulin: The CONNECT Randomized Controlled Trial. Presented at the 2026 Scientific Sessions of the American Diabetes Association, June 6, 2026. New Orleans, LA; USA.

² American Diabetes Association Standards of Care in Diabetes 2026