



MAY 2011 CONGRESSIONAL BRIEFING OUTLINES THE DANGERS OF DIABETES — ALONG WITH SOLUTIONS



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US Rep. Reid Ribble, (R-WI)

Members of the Diabetes Advocacy Alliance (DAA™), a broad-based coalition whose mission is to inform policymakers of the severity of the US diabetes epidemic and offer sound solutions for combating the disease, are only too aware that drastic action must be taken to stem the predicted floodtide of diabetes.

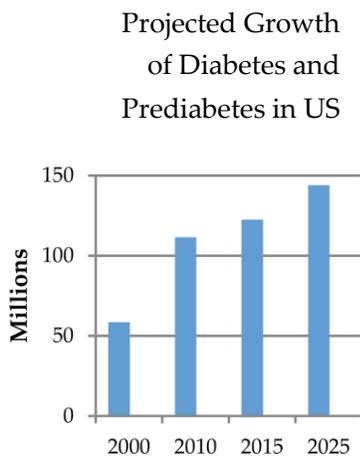
They know, for example, that the Institute for Alternative Futures (IAF) paints a bleak future scenario: By 2025, the number of Americans with diabetes will swell by 64% to more than 50 million people in all, swamping the US health care system. According to the IAF modeling projections, which are based largely on data from the Centers for Disease Control and Prevention, the costs of diabetes will rise to almost \$514 billion—an amount comparable to the total budget of today's Medicare program and a 72% increase from 2010.

"In many ways, diabetes is bigger than all of us," said DAA co-chair, Martha Rinker, Chief Advocacy Officer of the American Association of Diabetes Educators. The DAA is comprised of a diverse group of patient advocacy organizations, professional societies, trade associations, nonprofit organizations, and corporations. "That's one of the primary reasons why this broad coalition of organizations has come together."

Capitol Hill Briefing: Diabetes 101

The DAA believes that given sufficient political and personal will, Americans can navigate the dangerous waters ahead. In an effort to raise awareness among policymakers about the cost, complications, and evidence-based solutions of the diabetes epidemic, the DAA sponsored the first in a series of Capitol Hill briefings on May 10, 2011.

Moderated by former Miss America Nicole Johnson, MA, MPH, the briefing provided a kind of "Diabetes 101": defining the two types of diabetes, making the connection between diabetes prevalence and the nation's economy, and outlining the preventive measures that can be taken on both an individual and population level.



Source: Institute for
Alternative Futures, 2011

Diabetes is a gateway disease. The longer people live with diabetes, whether diagnosed or undiagnosed, the more likely they will suffer from the complications

Johnson, who herself has type 1 diabetes, also emphasized the human dimension of the disease. “I want to mention the emotional and psychological impact of living with a chronic disease,” said Johnson, executive director of the “Bringing Science Home” program at the University of South Florida. “We can do a lot to impact the numbers and physiological aspects of living with a disease. When we impact that, we also impact the heart, the soul, and the mind.”

Definition of Prediabetes & Diabetes

While there is currently no known way to prevent type 1 diabetes, type 2 diabetes is largely avoidable, according to Dr. Jonathan Leffert, MD, FACP, FACE, a board member of the American Association of Clinical Endocrinologists.

A diagnosis of prediabetes is given when the blood sugar is above normal but has not yet reached the diabetic range, said Dr. Leffert at the briefing. Normal fasting glucose is less than 100 mg/dL. Prediabetes, or impaired fasting glucose, is 100-125 mg/dL, and diabetes is defined as having a fasting glucose greater than 126 mg/dL.

What can we do to reduce the risk of prediabetes and diabetes?

Intensive lifestyle management, including weight loss, diet, and exercise are key, Dr. Leffert said. “All of these are hard things. As I talk to patients, I explain that these are things we need to do and be careful about one day at a time.”

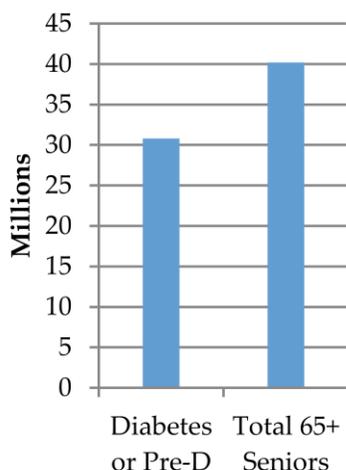
Preventing the Slide from Prediabetes to Diabetes

Counseling about diet and exercise also forms the foundation of the Diabetes Prevention Program (DPP), which has been shown to be very effective in stopping people with prediabetes from sliding into a full-blown diabetes diagnosis.

The DPP, an NIH-funded clinical trial, conclusively proved that type 2 diabetes can be prevented or delayed in adults with prediabetes through a regimen in which participants lost relatively small amounts of weight and increased their physical activity levels to the equivalent of walking for 30 minutes per day, most days of the week. Additional research has demonstrated that the DPP program can be delivered cost-effectively in community-based settings such as YMCAs.

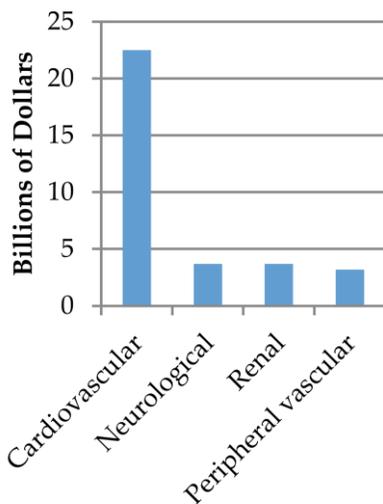
The DAA is calling on Congress and the Administration to fund a federal initiative called the National Diabetes Prevention Program (NDPP). Based on the DPP clinical trial findings, the NDPP would establish a framework at the Centers for Disease Control and Prevention (CDC) for the delivery of diabetes prevention programs in local community settings.

Number of Seniors 65+ with Diabetes or Pre-Diabetes vs. Total 65+ Population, 2010



Source: Institute for Alternative Futures, 2011

Cost of Selected Complications Caused by Diabetes, in \$ Billion 2007



Source: Diabetes Care, March 2008

Full funding of the NDPP would allow for these programs to become available across the country to help serve the needs of the estimated 79 million adults with prediabetes.

Rep. Reid Ribble: DPP Shows Evidence-Based Results

US Rep. Reid Ribble, (R-WI), noted the importance of evidence-based programs like the NDPP. “One thing I like about this program with the YMCA is that you can measure outcomes,” he said. “If there was ever an example of a private and government partnership, it’s this type of program, because it’s based solely on what the outcome or result is.”

“And this is exactly what government ought to be doing,” added Rep. Ribble, a member of the House Budget Committee.

Making It Real: Down 41 lbs & 16% Body Weight

Richard Milligan, a school principal from Dayton, Ohio who was at-risk for diabetes, was encouraged by his insurance company to participate in the YMCA-based Diabetes Prevention Program. He signed up for the 16-week series of sessions and -- despite having to drive 30 minutes to get to the “Y” that had the program -- lost 41 pounds and 16.6% of his body weight. This greatly decreased his risk of developing diabetes.

A strong supporter of expanding the DPP program to YMCAs across the country, Milligan said the program was life changing. “It is a commitment, a lifestyle change. It worked for me, and I would like to see other people have the opportunity that I had -- and not have to drive 30 minutes...to get it.”

Diabetes Hurts the Community

When Margaret Powers, PhD, RD, CDE, started working as a registered dietitian 30 years ago, she thought she wouldn’t have a job doing diabetes counseling at this point in her life. “I thought diabetes was going to be cured,” she said. “I didn’t think I was going to be needed.”

Her expertise is needed now more than ever. “We know how best to help people care for their diabetes,” said Powers, a research scientist with the International Diabetes Center. “I tell my patients that my job as a dietitian is to give them confidence and comfort in making everyday choices.”

“Diabetes hurts,” she said. “It can affect your relationships, your work productivity, your home finances, your employer’s finances, your quality of life, and your involvement in the community.”

Total Cost of Diabetes

“Diabetes is always one of employers’ top costs,” said Wendy Slavit, MPH, CHES, a manager with the National Business Group on Health. In 2007, the direct and indirect cost of diabetes—together with the cost of prediabetes—was \$218 billion a year, much of it due to lost productivity.

Many employer groups have adopted lifestyle programs related to diabetes to help their employees get healthier, thus improving productivity and reducing absenteeism, and presenteeism (where the employee shows up for work but is not productive). Employers are providing healthier food in cafeterias and vending machines, creating walking trails on their campuses, and paying for on-site medical clinics, said Slavit.

To better manage complications of diabetes, one employer group implemented a chronic condition management program that used a customized telephonic program of nurse support. Working with its health plan, the company also paid for medications related to diabetic treatment. This resulted in savings for the employee of \$1,000.

“Employers really want to make sure that health is something that’s a priority for their employees,” said Slavit.



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Margaret Powers, PhD, RD, CDE, research scientist,
International Diabetes Center

PROVEN SOLUTION: THE NATIONAL DIABETES PREVENTION PROGRAM

The impact in reducing diabetes incidence continues for at least a decade.

This program was legislated under the Affordable Care Act of 2010 and is based on extensive evidence from an NIH study showing that intensive lifestyle interventions can prevent or delay diabetes in people at risk for the disease. The Centers for Disease Control and Prevention (CDC) oversee the NDPP, which is based in community settings such as the YMCA.

The NIH study demonstrated that people at-risk for diabetes could prevent or delay the onset of the disease by making lifestyle changes that included moderate weight loss (5-7% of body weight) and physical exercise (150 minutes a week), or taking an oral diabetes medication. Lifestyle interventions reduced the incidence of type 2 diabetes by 58%, while medication reduced it by 31%, according to the study which was published in 2002 in the *New England Journal of Medicine*.

A follow-on study published in *The Lancet* in 2009 found that most of these improvements endured even after 10 years. Lifestyle changes reduced the incidence of diabetes over the period by 34%, while use of the oral medication did so by 18%.

Re-shaping the Future

If 50% of people with prediabetes successfully made lifestyle changes, it could reduce the number of new cases of diabetes in the United States by about 334,000 next year, according to the Institute for Alternative Futures.

Between now and 2025, that would be a reduction of more than 4.7 million people with diabetes with a cumulative savings of more than \$300 billion.

DAA members are optimistic that these kinds of reductions might be realized given sufficient focus and funding on diabetes by policymakers. "We've seen policy reshape how this nation prevents public health challenges-- such as car passenger safety through seat belt laws, preventing seasonal flu through vaccination, and saving children's lives through car seat and bicycle helmet requirements," said DAA co-chair, Michael Duenas, OD, Associate Director, Health Sciences and Policy at the American Optometric Association. "We need to have that same sort of attention paid to those at risk for type 2 diabetes."

Projected Cost of Diabetes in 2025

The study released in March 2011 by the Institute for Alternative Futures provided detailed diabetes prevalence and cost forecasts for all 50 states. The diabetes model estimated that the overall number of people in the US living with diabetes will increase 64 percent by 2025, from 32.3 million today to 53.1 million—roughly one in seven Americans. The study also identified ten states as “diabetes hot spots,” which will shoulder 60 percent of the cost from diabetes in the next 15 years.

State	Projected	
	Cost (in \$ billions)	Patients (in millions)
California	\$63.63	6.6
Texas	\$52.17	5.5
Florida	\$40.43	4.2
New York	\$28.38	2.9
Ohio	\$19.76	2.1
Illinois	\$19.67	2.0
Georgia	\$19.54	2.0
Pennsylvania	\$18.37	1.9
North Carolina	\$17.91	1.9
Michigan	\$15.85	1.6

The Diabetes Advocacy Alliance is a diverse group of organizations that has come together for the purpose of changing how we perceive and approach the problem of diabetes. www.DiabetesAdvocacyAlliance.org

American Association of Clinical Endocrinologists (AACE)
 American Association of Diabetes Educators (AADE)
 American Clinical Laboratory Association (ACLA)
 American Diabetes Association (ADA)
 American Dietetic Association (ADA)

American Optometric Association (AOA)
 Healthcare Leadership Council
 Medicare Diabetes Screening Project (MDSP)
 National Association of Chain Drug Stores (NACDS)
 National Community Pharmacists Association
 National Kidney Foundation

Novo Nordisk Inc.
 Results for Life
 The Endocrine Society
 The Pediatric Endocrine Society
 VSP Vision Care
 YMCA of the USA (Y-USA)