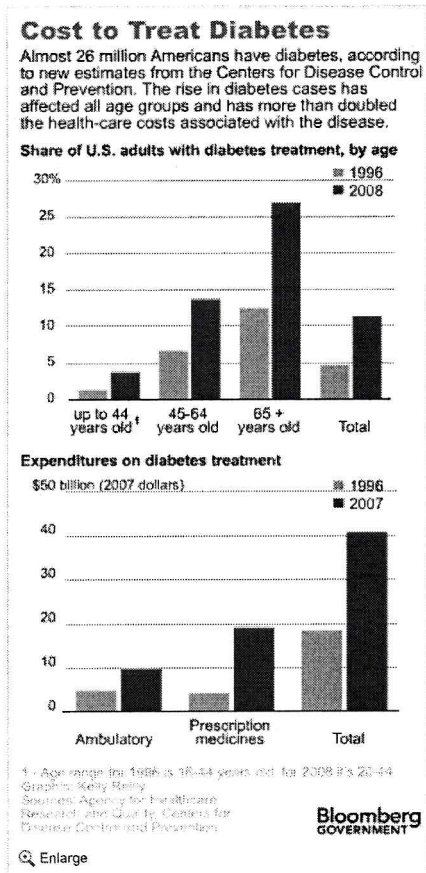


**Diabetes Risk to 100 Million Demands U.S. Action: Tom Daschle**

Commentary by Tom Daschle | January 27, 2011 12:00AM ET

(Bloomberg) -- Brace yourself. If you think nearly 26 million people currently living with diabetes in our country is a crisis, as many people do, what will we call it when the number equals the current population of California, New York, Florida and Texas combined?



That's 100 million people. That's how many of us could be suffering from diabetes and its complications including heart attack, stroke, blindness, kidney disease and limb amputations in the next 30 years, according to the Centers for Disease Control and Prevention. A recent report by UnitedHealth Group Inc. estimated that as soon as 2020, 52 percent of the adult population will have diabetes or pre-diabetes, the condition that places them at high risk for developing type 2, or adult-onset, diabetes.

That's a terrible human toll, a toll that can and should be prevented by a combination of individual, employer and government action.

It will take all three. The financial toll on the nation -- and on employers who provide most of the health insurance to Americans -- is already unacceptable. The U.S. economic burden for pre-diabetes and diabetes reached \$218 billion in 2007; \$153 billion in higher medical costs and \$65 billion in reduced productivity, according to a 2010 Lewin Group study.

In direct treatment efforts, diabetes costs more than doubled between 1996 and 2007 after adjusting for inflation, the Agency for Healthcare Research and Quality reported. In 2007, almost 30 percent of these costs were borne by private payers -- that is, employers and employees -- and another 30 percent was borne by Medicare, the federal health insurance program for the elderly.

**Obesity Correlation**

In part, the growing number of people living with type 2 diabetes can be attributed to better detection efforts and many people living longer with the disease. Nonetheless, it is widely recognized that there is a correlation between obesity and type 2 diabetes. As the percentage of adults who are overweight or obese rises, so do the rates of diabetes. And while growing older is certainly also a factor in escalating rates, type 2 diabetes can often be prevented through weight loss or healthy weight maintenance, and increased physical activity. In other words, diabetes is not an inevitable condition for those who live past a certain age.

The solution: smart investments in prevention and treatment to keep both costs, human and health care, from soaring out of control. Some employers have begun to lead this effort by offering plans that cover disease prevention and wellness programs to improve the health of their employees and lower their health care spending.

**Prevention Efforts**

The federal government is off to a good start as well: The Prevention and Public Health Fund, created last year as part of the Affordable Care Act, will provide \$15 billion during the next decade. The fund presents an ideal opportunity to allocate money toward diabetes prevention efforts and begin to bend the diabetes prevalence and cost curves.

Republicans and Democrats in Congress must work to preserve the integrity of the Prevention and Public Health Fund. They should use the dollars as they were intended: to support evidence-based programs, like those modeled on the Diabetes Prevention Program, a federally funded clinical research study focused on determining whether certain lifestyle and dietary changes would delay or prevent the onset of type 2 diabetes. The results of the study, published in the New England Journal of Medicine, demonstrated that individuals with pre-diabetes reduced their chances of developing diabetes by 58 percent through weight loss and regular physical activity.

**Related Legislation:**  
» P.L. 111-148: Patient Protection and Affordable Care Act

**Low Price Tag**

The protocol used in this study has been adapted for use in communities at a price tag of under \$300 for each participant, with results similar to those seen in the clinical trial.

The Diabetes Prevention Program and others like it prove that we can make a real difference for the 79 million Americans with pre-diabetes, unlike other programs that are often funded with little evidence of successful outcomes. A recent report, published in the January issue of the American Journal of Public Health, estimates that if we reduced type 2 diabetes and high blood pressure rates by just 5 percent, the country could save almost \$9 billion annually in health-care costs in the first one to two years.

When it comes to our health, we can't afford to ignore prevention. Even in this climate of efforts to cut government spending, prevention programs should not be a target. The coming diabetes epidemic tells us it would be penny wise and pound foolish.

(Tom Daschle, a Democrat from South Dakota, is former majority leader of the U.S. Senate and a senior policy adviser at the Washington law office of DLA Piper, whose clients include Novo Nordisk A/S, a drugmaker that focuses on diabetes care. The opinions expressed are his own.)

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