New & News in Diabetes Policy

In this issue>>>>

"As long as diabetes continues to burden our communities, we must press on toward tomorrow's promising breakthroughs in prevention, treatment, and care. My Administration is proud to help advance this cause through the National Diabetes Prevention Program, which was included in the Affordable Care Act. This program joins private and public partners together in encouraging lifestyle changes that can prevent or delay the onset of type 2 diabetes among those who are at high risk."[1]

President Barack Obama in Presidential Proclamation for National Diabetes Month 2012
Access the full proclamation here

"Early diagnosis is essential for achieving the recommended level of HbA1c control early in the course of the disease when it may be most effective in preventing long-term complications."

Report on Closing the Gap between Hemoglobin A1c Treatment Guidelines and Practice by HHS, NIH and NIDDK, 2007. Access the full report here

Canadian and UK Guidelines Recommend Targeted Risk Factor-Based Screening for Type 2 Diabetes

The UK and Canada recently issued new screening guidelines for type 2 diabetes that recommend screening asymptomatic patients 40 and older who are at risk for developing type 2 diabetes.[2] Both guidelines suggest using a stepwise approach to screening, that is first identifying people age 40+ at moderate to high risk for diabetes or adults any age at very high risk for diabetes using a validated risk assessment tool and subsequently seeking to diagnose those with diabetes using primarily the A1c test.[3]

To access the UK guideline, click here.
Information on the Canadian guideline is available here

"…documented prediabetes (impaired fasting glucose or impaired glucose tolerance) is important for risk calculation. A diagnosis of prediabetes puts a patient in the category of very high risk of diabetes. Evidence from two randomized controlled trials suggests that treatment of prediabetes with lifestyle intervention or pharmacotherapy reduces the incidence of type 2 diabetes."[5]

"The guidelines recommend using the non-fasting A1C as the blood test to screen, which will enable physicians to screen and monitor using the same test and is easier for patients who will not need to fast for the test."[4]

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"Let's make sure that we're providing preventive care so we're catching the onset of something like diabetes."

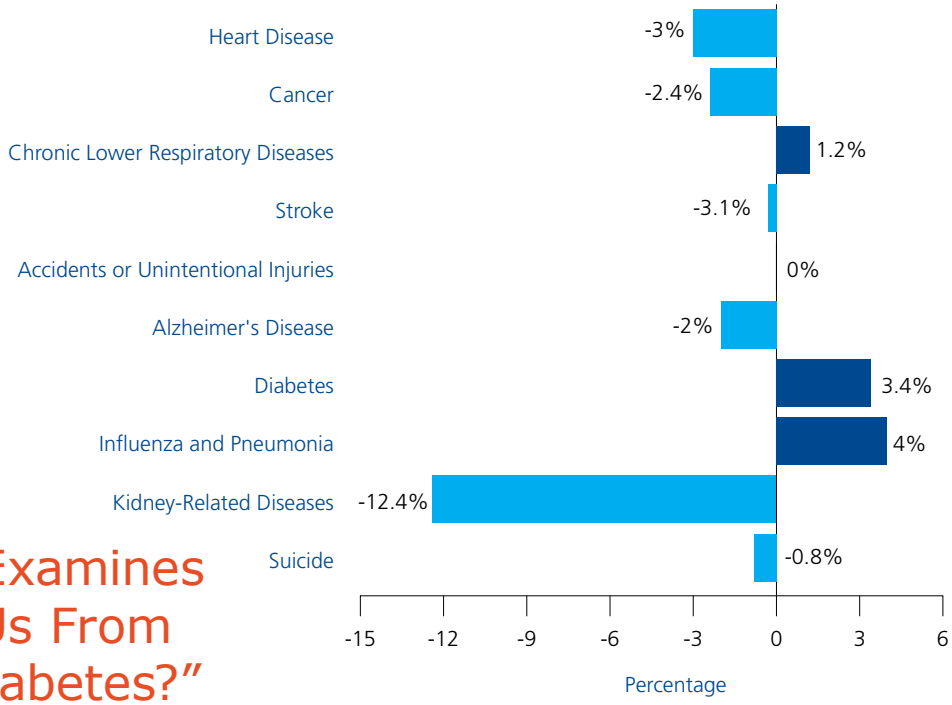
President Barack Obama in first presidential debate for 2012 Presidential election, Denver Colorado, October 3, 2012[8]

Diabetes Death Rate Increases

Among chronic diseases, diabetes saw the biggest increase in death rate from 2010 to 2011—rising 3.4%—according to CDC data. In comparison, death rates from heart disease, cancer and stroke dropped. Average life expectancy remained the same at 78.7 years.[6]

Access the full National Vital Statistics Report here

Top 10 Causes of Death: Percent Change from 2010 to 2011



NEJM Commentary Examines "What's Preventing Us From Preventing Type 2 Diabetes?"

A recent commentary article in the *New England Journal of Medicine* examines why diabetes prevention is not commonly practiced in the US, despite the continuing increase in prevalence of the disease. The authors, from NIH, suggest that these critical factors[7] are preventing the US from doing a good job of tackling type 2 diabetes:

- Most payers do not cover services for preventing type 2 diabetes or the ancillary health care providers that provide them.
- Because the effects of interventions on the serious complications are not immediate, but rather show up many years down the road, the health and financial benefits of interventions are not clear cut in the Congressional Budget Office's 10-year window for assessing return on investment.

According to the authors, "Although research has provided tools for preventing or delaying type 2 diabetes, health policies limit their application."[7]

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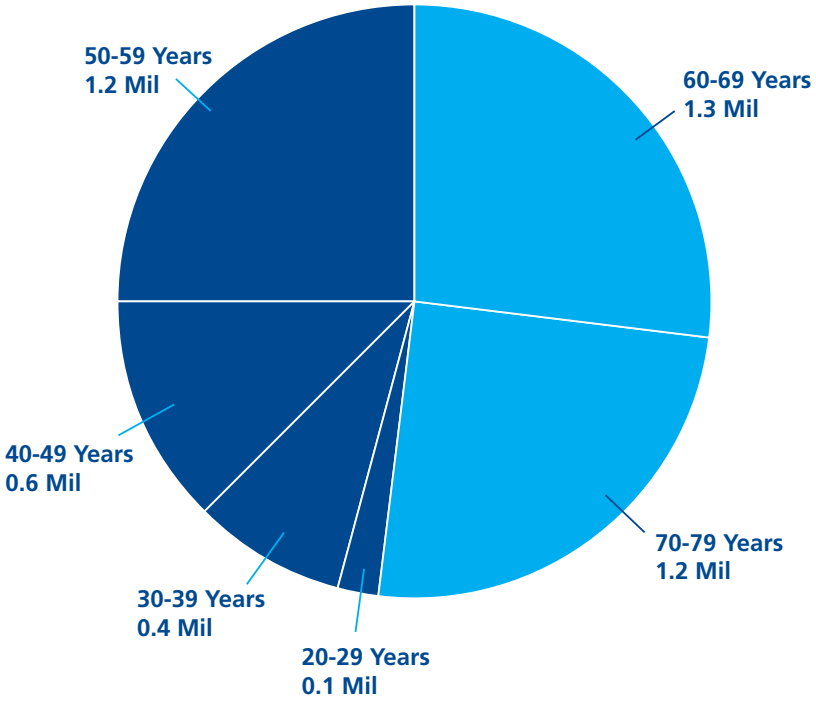
IDF Releases World Diabetes Day Update on Global Diabetes Prevalence

Coinciding with World Diabetes Day, the International Diabetes Federation (IDF) updated its 2012 Diabetes Atlas. Highlights from the update include the following[9]:

- Worldwide, more than 371 million people have diabetes; 187 million are undiagnosed.
- Diabetes is increasing in every country across the globe.
- 4.8 million people died due to diabetes in 2012, and half of them were under the age of 60.

For more information, access the IDF 2012 poster here.

Half Of People Who Die From Diabetes Are Under 60[9]



Disease Advocacy Affects Flow of Research Dollars

According to a recent study from the University of Michigan School of Public Health published in *American Sociological Review*, patient-led advocacy efforts have shaped health policy and distribution of research dollars.[10] The author examined advocacy around 53 diseases over the 19-year period 1989-2007 and found that:

- Diseases with the most organized and well-funded advocacy efforts had the greatest increases in funding, with each $1,000 spent on lobbying resulting in a $25,000 increase in research funds the next year.[11]
- During the study period, diseases with the highest mortality rates had the largest funding increases.
- Policymakers began to view patients suffering from particular diseases as benefiting from research funding rather than the scientists doing the research or the public at large.
- As a result, funding decisions were based on the "perceived worthiness" of patient groups, and research money shifted toward diseases that were "less stigmatized".

Access the article here

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"At every level of government, we must pursue policies that preserve health, prevent disease and reduce health care costs. Nothing less is acceptable."

Risa Lavizzo-Mourey, President and CEO of the Robert Wood Johnson Foundation in TFAH press release on F as in Fat report, 2012, http://www.healthyamericans.org/newsroom/releases/?releaseid=273

F as in Fat Report Projects Rising Rates of Type 2 Diabetes

The newest F as in Fat report shows that all 50 states could have obesity rates above 44% by 2030, and obesity-related disease rates would soar as well.[12] In fact, if states' obesity rates continue on their current trajectories, the number of new cases of type 2 diabetes, coronary heart disease and stroke, hypertension and arthritis could increase 10 times between 2010 and 2020, and then double again by 2030.[13]

On a more hopeful note, the report offers a glimpse of possible changes in obesity and disease trajectories and cost savings if states reduce the average BMI of residents by 5%. A snapshot of diabetes-related cost savings for a few states is below, and information on all 50 states is contained on page 35 of the report.

Diabetes Costs and Cases

State	2010 Number of Cases	New Diabetes Cases by 2030	New Diabetes Cases by 2030 (per 100,000)	Rank New Cases by 2030 (per 100,00)	Potential Cases Avoided by 2020 if Average BMI Reduced by 5% (culmulative)	Potential Cost Savings by 2020, if Average BMI Reduced by 5% (cumulative)	Potential Cases Avoided by 2030, if Average BMI Reduced by 5% (cumulative)	Potential Cost Savings by 2030 if Average BMI Reduced by 5% (cumulative)
Alabama	448,912	661,673	13,777	9	72,185	$1,152,000,000	141,297	$3,672,000,000
Alaska	50,843	69,728	9,648	49	7,892	$176,000,000	14,389	$546,000,000
Arizona	496,106	728,569	11,239	42	79,411	$1,739,000,000	154,737	$5,781,000,000
Arkansas	265,417	381,937	13,000	18	41,337	$722,000,000	80,530	$2,324,000,000
California	2,694,595	3,798,591	10,078	48	420,642	$9,747,000,000	796,430	$31,087,000,000

Among the policy recommendations the report makes to address obesity and obesity-related diseases such as type 2 diabetes are to protect the Prevention and Public Health Fund and increase investments in evidence-based locally implemented prevention programs.[14] The report authors offer the Diabetes Prevention Program as an example, noting that "…a study of the Diabetes Prevention Program found that randomly selected participants reduced their diabetes risk by 16 percent for every kilogram (a little more than 2 pounds, 3 ounces) of weight they lost over a follow-up period of approximately three years." The authors also encourage "full use of preventive health care services."[15]

Access the full report here.

Healthy Living Increases Healthy Life Years

A study published recently in the *Journal of the American Medical Association* shows that individuals who have no cardiovascular disease risk factors at ages 45 and 55—including high blood pressure, high cholesterol, diabetes, and smoking—may live up to 14 years longer free of cardiovascular disease than their peers who have two or more risk factors for cardiovascular disease during middle age.[16] Other key findings from the research, conducted by a team from Northwestern University School of Medicine, included:

- Middle age men had about 60% overall lifetime risk of developing cardiovascular disease, while middle age women had a 56% lifetime risk of developing cardiovascular disease.
- Lifetime risks for cardiovascular disease were strongly associated with the cardiovascular risk factor burden in middle age.[17]

Access the study abstract here

Sources

[1]President Barack Obama in Presidential Proclamation-National Diabetes Month, 2012. Available at: http://www.whitehouse.gov/the-press-office/2012/11/01/presidential-proclamation-national-diabetes-month-2012. Accessed November 16, 2012.

[2]http://publications.nice.org.uk/preventing-type-2-diabetes-risk-identification-and-interventions-for-individuals-at-high-risk-ph38/recommendations, Accessed November 11, 2012, and Canadian Task Force on Preventive Health Care. Canadian Medical Association Journal. 184(15): 1687-1696, 2012.

[3]http://publications.nice.org.uk/preventing-type-2-diabetes-risk-identification-and-interventions-for-individuals-at-high-risk-ph38/recommendations, Accessed November 11, 2012, and Canadian Task Force on Preventive Health Care. Canadian Medical Association Journal. 184(15): 1687-1696, 2012.

[4]Canadian Task Force on Preventive Health Care. Canadian Medical Association Journal. 184(15): 1687-1696, 2012.

[5]Canadian Task Force on Preventive Health Care. Canadian Medical Association Journal. 184(15): 1687-1696, 2012.

[6]Hoyert DL and Xu J. Deaths: Preliminary Data for 2011. National Vital Statistics Report. 61(6): October 10, 2012.

[7]Fradken JE, Roberts BT, Rodgers GP. What's preventing us from preventing type 2 diabetes? NEJM 367(13): 1177-1179, 2012.

[8]http://www.nytimes.com/2012/10/03/us/politics/transcript-of-the-first-presidential-debate-in-denver.html?pagewanted=all. Accessed November 11, 2012.

[9]IDF 2012 Diabetes Atlas update: http://www.idf.org/sites/default/files/5E_IDFAtlasPoster_2012_EN.pdf, Accessed November 16, 2012

[10]Best RK. Disease Politics and Medical Research Funding: Three Ways Advocacy Shapes Policy. American Sociological Review. 77(5): 780-803, 2012.

[11]Best RK. Disease Politics and Medical Research Funding: Three Ways Advocacy Shapes Policy. American Sociological Review. 77(5): 780-803, 2012.

[12]http://healthyamericans.org/assets/files/TFAH2012FasInFatFnlRv.pdf , Accessed November 11, 2012, p. 3-4.

[13]http://healthyamericans.org/assets/files/TFAH2012FasInFatFnlRv.pdf, Accessed November 11, 2012, p. 3-4.

[14]http://healthyamericans.org/assets/files/TFAH2012FasInFatFnlRv.pdf, Accessed November 11, 2012, p. 4.

[15]http://healthyamericans.org/assets/files/TFAH2012FasInFatFnlRv.pdf, Accessed November 11, 2012, p. 4.

[16]Wilkins JT et al. Lifetime risk and years lived free of cardiovascular disease. JAMA. 308(17): 1795-1801,2012.

[17]Wilkins JT et al. Lifetime risk and years lived free of cardiovascular disease. JAMA. 308(17): 1795-1801,2012.