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“What you measure affects what you do. If you don’t measure the right thing, you don’t do the right thing.”

Joseph Stiglitz

Nobel prize-winning economist

Participants in diabetes prevention program see need for lifestyle change

Recently published results from the Finnish Diabetes Study show that 36% of men and 52% of women at high risk for type 2 diabetes perceive the need for lifestyle counseling. Individuals with prediabetes who participated in a lifestyle intervention were more likely to report a perceived need for the counseling than those who said they would not attend the program or those who preferred to initiate lifestyle changes on their own. Access the article abstract [here](#).

DEPLOY Extension Study shows decrease in diabetes risk continues 2 years out

Results from the [DEPLOY Extension Pilot Study](#), reported in *Chronic Illness* in December 2011, show that participants in a low-cost, community-based lifestyle program at YMCAs modeled on the landmark NIH-funded Diabetes Prevention Program continued to see significant weight loss and improvements in blood pressure and cholesterol at 28 months. DEPLOY Extension participants attended an additional 12 program sessions offered over an 8-month period (after a 4- to 12-month hiatus). These sessions were offered to both groups in the original DEPLOY study: those who participated in the lifestyle intervention and the control group that received only standard lifestyle change advice. Overall findings include:

- Participants who used the program less during the initial core curriculum phase or who did not achieve their early weight loss goals were less likely to participate in the extension program.
- At 20 and 28 months, all Extension Study participants—both those originally in the control group receiving standard advice and those in the lifestyle change arm—achieved or maintained significant weight loss, although the weight loss for those who participated in the lifestyle change program over the full 28 months was about 3.1% higher.
- During the 4 to 12 month non-supported period between the initial DEPLOY study and the DEPLOY Extension Study, participants regained some weight, but “reintroduction of the group-based DPP lifestyle maintenance sessions enabled participants to recapture and maintain prior weight loss, even when the mean session attendance was only about 50%.”
- The authors conclude: “...a community organization such as the YMCA can offer a highly promising vehicle for delivering a group-based adaptation of the DPP lifestyle intervention, and that **this approach can achieve weight loss levels for more than 2 years that should translate into meaningful reductions in diabetes risk.**”

CDC says Hepatitis B vaccine vital for adults with diabetes

A recent CDC *Morbidity and Mortality Report* shows that for adults ages 23 to 59 with diabetes, the risk of getting Hepatitis B is twice as high as for adults without diabetes. The CDC recommends that adults age 19 to 59 diagnosed with diabetes receive a hepatitis B vaccine as soon as possible. Access the CDC report [here](#).



ADA position statement on diabetes and driving

On December 20, 2011, the American Diabetes Association (ADA) issued a position statement on driving and diabetes. According to an ADA press release, “Determining whether someone’s diabetes poses a driving risk should be done on an individual basis and tied to concrete evidence of risk, rather than on a diagnosis of diabetes alone.” The ADA warned against “blanket restrictions” and instead called for “institution of a standardized questionnaire that would help identify those individuals with diabetes who may require further evaluation for driving risks, rather than the current inconsistent system of state laws that range from no restrictions at all for people with diabetes to stringent restrictions on all people with diabetes.” Access the full statement [here](#)

Dentists can play key role in diabetes diagnoses

A study by a nursing-dental research team from New York University (NYU) suggests that dentists could play a critical role in diagnosing chronic diseases like diabetes. The findings show that some 20 million Americans visit a dentist each year but not a primary care provider. “For these and other individuals, dental professionals are in a key position to assess and detect oral signs and symptoms of systemic health disorders that may otherwise go unnoticed, and to refer patients for follow-up care,” said Dr. Shiela Strauss, lead author. Access the NYU press release [here](#).

Electronic Health Records hold promise for improved diabetes care

A study published in the *New England Journal of Medicine* on September 1, 2011, shows that primary care practices that use electronic health records (EHRs) are more likely to meet quality standards for care for people with diabetes than are practices that still use paper-based medical records. The Better Health Cleveland Collaborative, a Robert Wood Johnson Foundation site for the Aligning Forces for Quality Program, examined data on nine quality standards for diabetes for more than 27,000 adults with diabetes in its 46 participating practices. For diabetes care standards, the difference between EHR and paper-based sites was 35.1 percentage points across all practices. For diabetes outcomes at all sites, the difference between EHR and paper-based sites was 15.2 percentage points. The study concludes that “federal policies encouraging the meaningful use of EHRs may improve the quality of care...” Access the abstract [here](#).

United Health Foundation’s 2011 Health Rankings show diabetes and obesity rise

According to the United Health Foundation’s 2011 America’s Health Rankings, increases in obesity and diabetes are offsetting improvements in smoking cessation, preventable hospitalizations and deaths from cardiovascular disease. In 2011, the nation made no progress in improving health after three years of gains. In addition, 2011 marked the first year that not a single state reported an obesity rate under 20%. The United Health Foundation report showed diabetes at 8.7% in 2011, up from 8.3% in 2010. Overall obesity prevalence stood at 27.5% of US adults in 2011, up from 26.9% in 2010. Commenting on the 2011 rankings, Reed Tuckson, M.D., United Health Foundation board member and executive vice president and chief of medical affairs, UnitedHealth Group, said: “At a time when the nation, states and individual families are grappling with tightening budgets and growing health care expenses, this year’s Rankings sends a loud wakeup call that the burden of preventable chronic disease will continue to get worse unless we take urgent action.” Access the press release [here](#).

According to [CMS](#), about 18% of Medicare beneficiaries have diabetes, yet they account for 32% of Medicare spending.