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“...We’ve seen over and over again, whether it’s TB, HIV/AIDS or tobacco – there’s no such thing as inevitable progress. The second that our focus shifts or resources drop, the threat can return and our health can suffer again. We take our foot off the gas and we start rolling back down the hill.”

Secretary of Health Kathleen Sebelius on the need for public health resources at the Weight of the Nation conference, May 7, 2012, Washington, DC

Obese and overweight youth have trouble managing their diabetes

With the increase in childhood obesity in the US, the number of youth and adolescents with type 2 diabetes has increased as well. This changing epidemiology is a concern because the longer people live with type 2 diabetes—and the more often they experience periods of unmanaged diabetes—the greater their likelihood of developing the serious complications from the disease that include stroke, heart attack, blindness, kidney failure, and lower limb amputations. A recent clinical trial by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) published in the New England Journal of Medicine looked at how effectively overweight and obese adolescents with newly diagnosed type 2 diabetes were able to regulate their blood glucose levels with oral medications and lifestyle change. The study compared three treatment options for managing type 2 diabetes and found that for all three treatments, nearly 50% of the youth were unable to effectively control their diabetes. These findings are significant because they suggest that children and teens with newly diagnosed type 2 diabetes may have trouble from the outset in managing their disease and will likely need more aggressive treatment within a few years of diagnosis.

Access the study abstract [here](#).

Diabetes patients who are non-compliant have a higher mortality risk

A recent study in Diabetes Care showed that people with diabetes using insulin who did not show up for clinic visits as recommended by their health provider or take their medication as prescribed had a higher mortality risk. The findings were based on a review of medical records from nearly 16,000 patients with diabetes who used insulin. The researchers found that patients who missed clinic visits and did not use their insulin as directed had higher A1c levels and more complications. In addition, their risk of death from all causes was higher. According to the authors: “Treatment non-compliance is being increasingly recognized as one of the major limitations to improving health care outcomes...”

Access the full study [here](#).



“The good physician treats the disease. The great physician treats the patient who has the disease.”

William Osler, known as the founder of modern medicine

Despite financial incentives, physicians not providing recommended care for patients with diabetes

Ontario, Canada implemented an incentive program in 2002 that pays physicians an additional fee for providing recommended routine exams to their patients with diabetes, including eye exams, blood glucose monitoring and cholesterol checks. Despite these financial incentives, a recent study shows that between 2006 and 2007, 67% of diabetes patients received an eye exam; just 37% of patients had their blood glucose levels checked as recommended; and 59% had the recommended cholesterol tests. Only 27% of patients with diabetes received all three routine exams as frequently as recommended. Based on the findings, the authors suggest that physicians who provided the highest quality care for their patients with diabetes before the incentive payments were most likely to also provide the highest quality care after implementation of the program.

Access the full study [here](#).

Forgoing care to cut costs

According to a recent survey conducted in March and April 2012 by the American Osteopathic Association, 30% of American adults have skipped visits to their primary care provider to save money and an additional 25% have not gone to visits to specialist physicians to cut costs despite their doctor's recommendations.

More information on the survey is available [here](#).

New guidelines on A1c levels

The American Diabetes Association and the European Association for the Study of Diabetes issued new joint guidelines on managing A1c levels in type 2 diabetes in April 2012. The guidelines acknowledge type 2 diabetes as a condition that requires a patient-centered, personalized approach. As a result, the recommendations for target A1c levels will vary based on people's age and health status, as well as their motivation to self-manage their condition.

In a press statement, the ADA President of Medicine and Science said: "...Diabetes is a complex disease that manifests differently in different people and the best way for one person to manage it may not work for someone else. If we encourage people to work with their health care providers to find an individualized plan that works well for them and fits their lifestyle and personal needs, it has a higher chance for success in controlling glucose and decreasing the risk of long term complications."

Access the position statement [here](#).



Obese employees have heavy health care costs

A study that examined data from more than 30,000 current and former employees at Mayo Clinic found that on average obese workers cost employers an additional \$1,850 per year in health care costs, while smokers cost an additional \$1,275. Workers who are morbidly obese (BMI > 40) cost an average \$5,500 extra per year. The authors suggest that these figures may actually underestimate the true cost of obesity as it is a risk factor for a variety of other chronic health conditions.

Access the study abstract [here](#).

Under health care reform, employers are allowed to charge obese employees extra for health insurance coverage if these workers choose not to participate in a wellness program geared to eating better and being more physically active.

IOM issues obesity prevention recommendations

The Institute of Medicine (IOM) recently released a report, *Accelerating Progress in Obesity Prevention*, which includes a wide range of policy proposals intended to re-shape the environment in the US that IOM says greatly contributes to the increasing prevalence of obesity—where one-third of adults are now obese. According to the report, we can't place the blame for obesity solely on the lifestyle choices people make because making healthy choices is often difficult—for example, neighborhoods often lack sidewalks and safe places to exercise and healthy food options are often more expensive or not available. "If a community has no safe places to walk or play, lacks food outlets offering affordable healthy foods, and is bombarded by advertisements for unhealthy foods and beverages, its residents will have less opportunity to engage in physical activity and eating behaviors that allow them to achieve and maintain a healthy weight."

Access the full report [here](#).

More public health spending needed

A recent report from the Institute of Medicine (IOM) recommends that the US increase federal spending on public health to nearly \$24 billion annually—double the current spending. In addition, the report notes that **"public health spending...is not commensurate with need or with achieving the greatest value: conditions responsible for the highest preventable burden of disease are considerably underfunded."** As a nation, the report contends, we largely direct strategy and spending to addressing preventable chronic conditions like type 2 diabetes after they occur through medical care rather than further upstream through prevention efforts.

Read the report Brief [here](#).