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Jim has type 2 diabetes

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Prevalence of diagnosed diabetes skyrockets in U.S.

A recent *Morbidity and Mortality Weekly Report* (MMWR) from the Centers for Disease and Control and Prevention (CDC) examined trends in self-reported diabetes in U.S. adults between 1995 and 2010.¹ Results from the Behavioral Risk Factor Surveillance Survey (BRFSS) showed a staggering increase in diabetes prevalence during the 15-year period:

- During 1995 to 2010, the age-adjusted prevalence of diagnosed diabetes among U.S. adults increased in all geographic areas, with the median prevalence for all states, the District of Columbia, and Puerto Rico increasing from 4.5% to 8.2%.¹
- **The age-adjusted prevalence increased by ≥50% in 42 states and by ≥100% in 18 states.**
- In 2010, median age-adjusted prevalence was highest among states in the South (9.8%), with the age-adjusted median increasing more than 100%.

In 1995 only three states, the District of Columbia and Puerto Rico had a diagnosed diabetes prevalence of 6% or more.¹ By 2010, all 50 states had a prevalence of more than 6%. According to Ann Albright, Ph.D., R.D., Director

of CDC's Division of Diabetes Translation, "These rates will continue to increase until effective interventions and policies are implemented to prevent both diabetes and obesity."¹

A new CDC [study](#) published in *Diabetes Care* mirrors the *MMWR* report, projecting a significant increase in diabetes prevalence among children and adolescents under the age of 20. Results suggest that if current trends in diabetes among young Americans continue, by 2050 rates of type 2 diabetes in this population will increase by 49% while rates of type 1 diabetes will increase by 23%.²

Access to CDC *MMWR* report is available [here](#).

Access to *Diabetes Care* study can be found [here](#).

"These rates will continue to increase until effective interventions and policies are implemented to prevent both diabetes and obesity."¹

– Ann Albright, Ph.D., R.D., Director CDC Division of Diabetes Translation

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National survey: More Americans view obesity as most urgent health problem

Gallup recently released its annual Health and Healthcare survey, which includes an open-ended question to participants about the nation's most urgent health problem.³ Findings revealed a significant increase in the number of Americans who view obesity as the greatest health issue facing the nation.³ Annual updates show the percentage of people citing obesity as America's number one health concern rose from 1% in 1999 to a new high of 16% at the end of 2012.

These results ironically follow another survey question, which asks participants to disclose their ideal weight.⁴ Reports from this measurement show that since 1990, when the organization first administered the question, Americans have year after year increased their estimates of their ideal weight.⁴ Overall, men's average ideal weight is up 14 pounds since 1990, while their average actual weight is up 16 pounds. Likewise, women's average ideal weight is up 11 pounds while their average actual weight is up 14 pounds.⁴ For comparative purposes, Body Mass Index (BMI) scores of participants were also calculated. According to these calculations, 61.9% of Americans are either overweight or obese.⁴ These trends suggest that as overall average weight has increased, the concept of ideal weight has similarly adjusted upward as well.

Access to data can be found [here](#).

Health plan members unaware preventive care is free

Current [research](#) shows that members of high-deductible health plans (HDHP's) receive less preventive care than individuals who pay lower out-of-pocket costs.¹² Kaiser Permanente administered a [survey](#) to Californians who had a consumer-directed health plan to identify the unknown causes of this trend.¹³ Results indicated that since HDHP deductibles can reach thousands of dollars, many HDHP members believe the deductible applies to all doctor visits, including preventive care.¹³

The [survey](#) also found:

- Less than one in five members understood that preventive care was free or almost free.¹³
- One-fifth of survey participants indicated they had avoided preventive office visits, tests or screenings because of cost.

Less than one in five members understood that preventive care was free or almost free.¹³

Results from the survey illustrate the limited understanding patients typically have of their health insurance plans and coverage. In addition, these findings reveal a potential challenge in prevention and early detection efforts. If patients avoid doctor visits, they risk missed opportunities to stop the onset of a preventable disease, such as diabetes.

To access the abstract, click [here](#).

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Rates of gestational diabetes mellitus vary widely across the U.S.

A new [study](#) from the Centers for Disease Control and Prevention (CDC) examining prevalence rates of gestational diabetes mellitus (GDM) has found that age- and race-adjusted rates of GDM vary widely among states.⁷ Researchers state, **“Data on the prevalence of diabetes during pregnancy are needed at the state level [...] to help monitor disease trends, plan health care services, and develop effective healthcare practices and policies for prevention and control.”**⁷ The study used data on 23 states from the Healthcare Cost and Utilization Project (HCUP), sponsored by the Agency for Healthcare Research and Quality (AHRQ), to analyze age-adjusted and race-adjusted rates of GDM by state. Results indicate that age-adjusted and race/ethnicity-adjusted GDM rates per 100 deliveries varied widely across the U.S., with the highest rates occurring in Rhode Island (7.15), Kentucky (7.14), and Maine (6.97), while the lowest rates were in

Utah (3.47), Vermont (3.78), and Nevada (3.92).⁷ The mean age-adjusted rate was higher among Asians and Hispanics than among non-Hispanic whites and non-Hispanic blacks.⁷ Race/ethnicity and obesity contributed to 47% of the variability in GDM between states.⁷ **Continued monitoring of trends at the state level will enable researchers to identify factors that contribute to differences in GDM rates and, subsequently, to develop effective interventions.**

For access to the abstract, click [here](#).



TRACEY SAVERINO
Tracey has gestational diabetes

Obesity exceeds hunger as a global health crisis

Based on results of the Global Burden of Disease Study 2010—the most comprehensive [study](#) to examine the impacts of worldwide diseases, injuries, and health risk factors—the Institute for Health Metrics and Evaluation released a new [report](#) showing that obesity is now a larger global health crisis than hunger and is the leading cause of major disabilities.^{8,9} Comparative analyses between 1990 and 2010 indicate shifts in trends of leading health risk factors. In 2010 dietary risk factors and physical inactivity collectively accounted for 10.2% of global disability-adjusted life years (DALYs), the measure used to express the number of years lost to poor health, disability or premature death.⁹ While childhood underweight in 1990 was a leading global health risk and accounted for 2.3

million deaths (7.9% of DALYs), results indicate most of the world is now burdened by high blood pressure, which accounted for 9.4 million deaths (7% of DALYs), and high body mass index, which accounted for 3.4 million deaths (3.8% of DALYs), in 2010.⁹ Overall, the global obesity rate has increased 82% since 1990.¹⁰ **Researchers of the study state, “Policies that effectively encourage or facilitate lifestyle changes, especially a more balanced diet and increased physical activity, would likely have a significant impact on health.”**¹¹

For access to the abstract, click [here](#).



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Global perspective: High fructose corn syrup in food supply associated with type 2 diabetes prevalence

Large amounts of high fructose corn syrup (HFCS) have been identified as a potential influence in the rising global epidemic of type 2 diabetes.⁵ Findings from a [study](#) in the journal *Global Public Health* include:

- Out of 42 countries studied, the United States has the highest per capita consumption of HFCS at a rate of 55 pounds per year.⁹
- Countries with higher use of HFCS had an average prevalence of type 2 diabetes of 8% compared to 6.7% in countries where HFCS use is absent.

The director of policy for the International Association for the Study of Obesity notes that the research suggests HFCS can increase the risk of type 2 diabetes and recommends future

changes to certain agricultural policies, stating, "HFCS will join trans fats and salt as ingredients to avoid, and foods should carry warning labels."⁶

The study can be accessed [here](#).

"If HFCS is a risk factor for diabetes – one of the world's most serious chronic diseases – then we need to rewrite national dietary guidelines and review agriculture trade policies"

– Tim Lobstein, Director of Policy for the International Association for the Study of Obesity.⁶

Adoption of EMR/EHR systems by office-based physicians has increased

As part of the 2009 Health Information Technology for Economic and Clinical Health Act (HITECH act), Medicare and Medicaid programs were authorized to issue payment incentives to increase physician adoption of electronic medical record (EMR) and electronic health record (HER) systems.¹⁴ Findings indicate the incentive programs are effective:

- EMR/EHR use among office-based physicians has increased from 18% in 2001 to 72% in 2012.¹⁴
- Trends in adoption of EMR/EHR systems varied by state: the percentage of physician use of EMR/HER ranged from 54% in New Jersey to 89% in Massachusetts.¹⁴

- The proportion of physicians intending to participate in the incentive programs rose from 52% in 2011 to 66% in 2012.¹⁴

EMR/EHR systems can be helpful in enhancing patient care by improving healthcare organization efficiency through comprehensive patient files.¹⁵

For patients with multiple chronic conditions, condensing numerous, fragmented records may influence their care experiences and health outcomes.

Access to brief can be found [here](#).

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Researchers suggest behavioral strategies to improve patient control of chronic diseases

In an effort to improve medication adherence for patients suffering from chronic diseases, social psychologists and economists at the University of California-Los Angeles collaborated to develop a conceptual [model](#) that shows how behavioral tools may influence chronic disease control for patients.¹⁶ Patients with chronic diseases face major behavioral barriers to managing their health, such as inaccurate health beliefs or insufficient education about how to control their illnesses.¹⁶ Investigators note, "More accurate health beliefs have been associated with better medication adherence in diabetes."¹⁶

The model recommends physicians shift from a macro-level management style to a micro-level approach with diseases, such as diabetes or

hypertension. This includes setting smaller, more manageable goals for the patient, as lower self-efficacy in patients (i.e., little confidence in their ability to control disease) is associated with worse health outcomes.¹⁶ For example, researchers suggest that a 20-pound weight loss program set intermediate goals of losing weight in 5 pound increments.¹⁶ Other novel strategies to increase self-efficacy include shifting patient attribution of behavior change from external to internal motivation. For example, patients provided financial incentives for weight loss are encouraged to focus on their internal motivation for losing weight and to treat the monetary gain as a reward, rather than the extrinsic motivator, for their hard work.

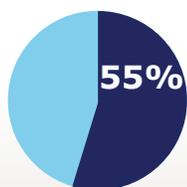
Access to study can be found [here](#).

Percentage of U.S. adults who delay seeking care doubles

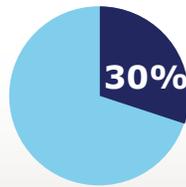
A recent [poll](#) by Gallup of 1,015 randomly selected U.S. adults revealed 32% have had to delay medical treatment for themselves or their family in the last year due to cost.¹⁷ Of this percentage, 19% reported the condition was serious.¹⁷ Likewise, 55% of Americans with no health insurance, 30% of those with private health insurance, and 21% of those covered by Medicare or Medicaid reported postponing health care as a result of high expenses.¹⁷ Findings from the survey indicate the trend in skipping medical care due to cost has seen a 13% increase since 2001.¹⁷

Survey results and trend data can be accessed [here](#).

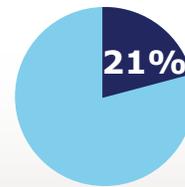
% of Americans postponing health care as a result of high expenses¹⁷



Americans with no health insurance



Americans with private health insurance



Americans covered by Medicare or Medicaid

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Chronic kidney disease progresses faster in Blacks

Researchers at RTI International have [found](#) that chronic kidney disease progresses faster in blacks than in other racial/ethnic groups in the U.S., despite no difference in prevalence rates among groups.¹⁸ The lifetime incidence of kidney failure among blacks is 8.6% compared to 3.5% for other groups.¹⁸ Researchers were unable to identify common risk factors for chronic kidney disease, such as diabetes, that could account for the difference in incidence rates of kidney failure. Rather, higher lifetime incidence of kidney failure among blacks was better explained by faster progression of chronic kidney disease. **Due to the higher likelihood of kidney failure within this population, the study concludes screening for blacks with chronic kidney disease is cost-effective and enhances patient care.**¹⁸ The director of RTI International stated that screening “is cost-effective for African Americans at either five- or 10-year intervals, particularly for those with



RUTHA GORDON
Rutha has type 2 diabetes

diabetes or hypertension.”¹⁹ Risk factor based screening could lead to earlier treatment that might prevent kidney failure.

Access to study can be found [here](#).

Most in U.S. oppose tax mandates and food restrictions to solve obesity problem

The Associated Press-NORC Center for Public Affairs Research released a [survey](#) tracking public perceptions of obesity in the U.S.²⁰ Results show that of 1,011 adults, 33% believe the government is responsible for finding a solution to the nation’s obesity problem.²⁰ Nearly 85% support such government policies as requiring more physical activity in schools and providing nutritional guidelines and information about healthy lifestyle choices.²⁰ Interestingly, however, only 15% favored a government policy that would limit the types or amounts of foods available for purchase, while nearly 60% opposed a tax mandate on the sale of unhealthy foods and drinks.²⁰

Access to poll can be found [here](#).

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Physicians favor improving care and diagnostics for obese patients

Researchers at the Johns Hopkins Bloomberg School of Public Health released a [study](#) that compiled 500 primary care physician perspectives on the causes and solutions to obesity care and whether approaches to care differ by the number of years since completion of medical school.²¹ The survey also collected physician beliefs on competence in treating obese patients, as well as which healthcare professionals are best qualified to provide care for this population. Main findings include:

- 99% of all physicians reported individual behavioral factors (i.e., insufficient physical activity, overconsumption of food, and restaurant or fast food eating) as causes of obesity.²¹
- 45% of physicians reported that nutritionists and dietitians are the most qualified to care for obese patients, while 39% said that primary care physicians are best suited.²¹
- Physicians overwhelmingly supported the need for additional training in nutrition counseling (93%), exercise counseling (92%), counseling after bariatric surgery (90%), and motivational interviewing (86%).²¹
- A majority of physicians supported several practice-based changes that may improve obesity care. For example, 93% of physicians favored including BMI as a fifth vital sign while 89% advocated for the inclusion of specific diet or exercise tips in patient charts.²¹

For access to full study, click [here](#).

references

- 1 Centers for Disease Control and Prevention. Increasing prevalence of diagnosed diabetes—United States and Puerto Rico, 1995-2010. Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6145a4.htm>. Updated November 16, 2012. Accessed December 4, 2012.
- 2 Imperatore G, Boyle JP, Thompson TJ, Case D, Dabelea D, Hamman RF, Lawrence JM, Liese AD, Liu LL, Mayer-Davis EJ, Rodriguez BL, Standiford D. Projections of type 1 and type 2 diabetes burden in the U.S. population aged <20 years through 2050. *Diabetes Care*. 2012;(35):2515-2520. doi: 10.2337/dc12-0669.
- 3 Mendes E. In U.S., more cite obesity as most urgent health problem. Gallup. http://www.gallup.com/poll/159083/cite-obesity-urgent-health-problem.aspx?utm_source=google&utm_medium=rss&utm_campaign=syndication. Published December 5, 2012. Accessed December 5, 2012.
- 4 Mendes E. Americans continue to adjust their ideal weight upward. Tracks with increase in self-reported actual weight. Gallup. http://www.gallup.com/poll/158921/americans-continue-adjust-ideal-weight-upward.aspx?utm_source=google&utm_medium=rss&utm_campaign=syndication. Published November 22, 2012. Accessed December 5, 2012.
- 5 Goran MI, Ulijaszek SJ, Ventura EE. High fructose corn syrup and diabetes prevalence: A global perspective. *Global Public Health*. 2012. <http://www.ncbi.nlm.nih.gov/pubmed/23181629>. Accessed December 4, 2012.
- 6 University of Southern California and University of Oxford. Countries using high fructose corn syrup in their food supply have a 20 percent higher prevalence of Type 2 diabetes. Medical News Today. <http://www.medicalnewstoday.com/releases/253284.php>. Published November 29, 2012. Accessed November 29, 2012.



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references

- 7 Bardenheier BH, Elixhauser A, Imperatore G et al. Variation in prevalence of gestational diabetes among hospital discharges for obstetric delivery across 23 states in the United States. *Diabetes Care*. 2012. doi: 10.2337/dc12-0901.
- 8 World Health Organization. Global Burden of Disease Study 2010: Executive summary. *The Lancet*. <http://www.thelancet.com/themed/global-burden-of-disease>. Published December 13, 2012. Accessed January 4, 2012.
- 9 Lim SS, Vos T, Flaxman AD et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: A systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*. 2012;380(9859): 2197-2223. doi:10.1016/S0140-6736(12)61766-8.
- 10 Dellorto D. Global report: Obesity bigger health crisis than hunger. CNN. http://edition.cnn.com/2012/12/13/health/global-burden-report/?hpt=hp_c1. Published December 4, 2012. Accessed January 4, 2012.
- 11 Institute for Health Metrics and Evaluation. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: A systematic analysis for the Global Burden of Disease Study 2010. Health Metrics and Evaluation. <http://www.healthmetricsandevaluation.org/gbd/publications/burden-disease-and-injury-attributable-67-risk-factors-21-regions-1990%E2%80%932010-c>. Published December 2012. Accessed January 4, 2012.
- 12 Buntin, MB, Haviland, AM, McDevitt, R, Sood, N. Healthcare spending and preventive care in high-deductible and consumer-directed health plans. *The American Journal of Managed Care*. 2011; 17(3): 222-230. http://www.ajmc.com/publications/issue/2011/2011-3-vol17-n3/AJMC_11mar_Buntin_222to230. Published March 2011. Accessed December 4, 2011.
- 13 Reed ME, Graetz I, Fung V, Newhouse JP, Hsu J. Consumer-directed health plans, majority of patients were unaware of free or low-cost preventive care. *Health Affairs*. 2012;21(12):2641-2648. doi: 10.1377/hlthaff.2012.0059.
- 14 Hsiao CJ and Hing E. Characteristics of electronic health record systems among office-based physician practices: United States, 2001-2012. Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/data/databriefs/db111.htm>. Published December 2012. Accessed December 16, 2012.
- 15 Jamoom E, Beatty P, Bercovitz A, Woodwell D, Palso K, Rechsteiner E. Physician adoption of electronic health record systems: United States, 2011. Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/data/databriefs/db98.htm>. Published July 2012. Accessed December 16, 2012.
- 16 Mogler BK, Shu SB, Fox CR, Goldstein NJ, Victor RG, Escarce JJ, Shapiro MF. Using insights from behavioral economics and social psychology to help patients manage chronic diseases. *Journal of General Internal Medicine*. 2012. doi: 10.1007/s11606-012-2261-8.
- 17 Mendes E. More than three in 10 put off treatment due to cost. Gallup. Available at: <http://www.gallup.com/poll/159218/three-put-off-treatment-due-cost.aspx>. Published December 14, 2012. Accessed January 4, 2012.
- 18 Vargas, RB and Norris C. Kidney disease progression and screening cost-effectiveness among African Americans. *Journal of American Society of Nephrology*. 2012;23:1915-1916. doi: 10.1681/ASN.2012101028.
- 19 RTI International. Kidney disease progresses faster in African Americans than other races. Accessed December 13, 2012. RTI International. <http://www.rti.org/newsroom/news.cfm?obj=5183888C-5056-B100-31773170564B4617>. Published November 30, 2012. Accessed December 5, 2012.
- 20 The Associated Press-NORC Center for Public Affairs Research. Obesity in the United States: Public perceptions. AP-NORC. <http://www.apnorc.org/projects/Pages/Obesity-in-the-United-States.aspx>. Published January 2012. Accessed January 4, 2012.
- 21 Bleich SN, Bennett WL, Gudzone KA, Cooper LA. National survey of US primary care physicians' perspectives about causes of obesity and solutions to improve care. *British Medical Journal*. 2012. doi:10.1136/bmjopen-2012-001871.