

The Honorable Kathleen Sebelius  
Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington, DC 20201

Dear Secretary Sebelius:

Thank you for your leadership during American Diabetes Month in November 2009 and on related efforts to bring attention to the needs of those with diabetes. As leading organizations in the diabetes community, we write to request a meeting with you and your team so we can discuss the significant burden diabetes poses to the nation and ways the federal government can make an impact.

Before taking office, President Obama highlighted the need to reorient our health care system "towards prevention and public health" in his *Plan for a Healthier America*. Health reform legislation just passed by Congress would allocate at least \$15 billion over 10 years to prevention and wellness efforts—which represents an important step toward this reorientation.

As you consider the implementation of Administration or Congressional funds for disease prevention and health promotion, we urge you to **provide substantial resources toward diabetes**, given the magnitude and the seriousness of the disease in the US population, and its disproportionate impact on minority populations.

Every day, diabetes continues to exact a significant human and financial toll.

- Some 4,400 Americans develop diabetes each day. In fact, almost every 20 seconds someone is newly diagnosed with diabetes.
- Nearly 24 million Americans already have diabetes and another 57 million have pre-diabetes and are at risk of developing the disease.
- Within the last 30 years, since 1980, the percentage of Americans diagnosed with diabetes has more than doubled. On its current course, by 2034, the number of people with diabetes will nearly double again to 44.1 million.
- Already, diabetes is one of the most costly diseases in America. Factoring in the previously unidentified costs of undiagnosed diabetes, pre-diabetes, and gestational diabetes, the total diabetes-related costs in the United States in 2007 amounted to \$218 billion.
- One in every 10 health care dollars is spent on diabetes and its complications, and one in every three Medicare dollars is spent on people with diabetes.
- According to a recent study by Thorpe et al published in *Health Affairs*: "Much of the recent growth in spending among Medicare beneficiaries is

attributable to rising spending on chronic conditions—specifically diabetes and hypertension, both of which rose considerably in treated prevalence over the past two decades.”

The potential availability of funds designated for disease prevention and wellness offers an unprecedented opportunity to address diabetes, one of our nation’s most prevalent and costly chronic diseases. Diabetes is a chronic condition that presents a great opportunity for targeted interventions to: save lives and reduce incidence of co-morbidities; reduce health care costs and increase economic productivity; support prevention and wellness across the lifespan—from children and adolescents to adults and seniors—and reduce geographic, racial, and ethnic disparities.

**We ask that you make diabetes a priority and commit \$5 billion of the prevention and wellness funds over 10 years to diabetes prevention and management.**

Reversing the trend of rapid growth of diabetes in America is certainly being held out as a key metric of success for health care reform. In fact, in your November 2009 report, *Preventing and Treating Diabetes in America: Health Insurance Reform and Diabetes in America*, you highlight as a problem that “diabetes prevention and early treatment are under-emphasized” in our health care system. In addition, President Obama, in speaking about the need for health care reform, has consistently pointed out diabetes as a chronic disease that requires the nation’s attention; First Lady Michelle Obama spoke of the specter of diabetes being the future for one third of our children unless we change course when introducing her childhood obesity initiative; and Surgeon General Benjamin’s *Vision for a Healthy and Fit Nation* calls out the epidemic of diabetes. Moreover, a recently released report from the National Business Council on Health shows that employers have identified diabetes as a priority area for prevention. According to the report, “Employers are increasingly seeing that it is a bottom line issue to prevent diabetes, identify it early, and treat it ‘to goal’ in their employee population.”

Despite all the attention being showered on the many problems associated with diabetes, the means to address this crisis are simply not in evidence. Relative to the impact of diabetes in America, the federal commitment to diabetes falls woefully short of what is needed. The prevention and wellness funds offer a significant opportunity to right this wrong.

Without a significant national investment in the prevention of diabetes and diabetes complications, Americans, especially those who are disproportionately impacted by the disease, particularly those in the Hispanic, African-American and Native American communities, will continue to needlessly develop blindness and kidney disease, and be at far greater risk for amputation and early mortality from heart attack and stroke.

As leading organizations in the diabetes community, we urge that diabetes prevention and management—specifically evidence-based clinical and community-based interventions to reduce rates of diabetes and improve diabetes care management—be considered a top priority when the prevention and wellness funds are allocated.

Fortunately, much is known about how to prevent type 2 diabetes, and how to treat type 1 and type 2 diabetes to avoid costly complications. Already, significant evidence exists that community-based and clinical interventions are making a difference.

**Therefore, we recommend the following ways in which prevention and wellness funds can be used to address diabetes:**

- **Implement community prevention programs based on the groundbreaking clinical trial, the Diabetes Prevention Program (DPP).** The DPP found that individuals diagnosed with pre-diabetes who engage in moderate lifestyle changes can reduce their chances of developing type 2 diabetes by 58 percent. Research has shown that these positive results can be replicated in a community setting for far less cost than the original clinically-based DPP. Senators Franken and Lugar introduced legislation that will support community efforts to establish, run, monitor and evaluate such affordable programs. This language, included in the health reform legislation signed today by President Obama, will go a long way in preventing type 2 diabetes at the community level.
- **Support other effective, culturally appropriate community-based interventions** such as the Asheville project, REACH, Bridges to Excellence, Project Dulce, Peers for Progress, and the Stanford Chronic Disease Self- Management Program.
- **Improve and expand efforts for early detection** through greater utilization of current diagnostic testing methodologies and promotion of already existing Medicare benefits.
- **Support the proposed HP 2020 diabetes objectives** that call for: 1) increasing the proportion of adults with diabetes whose condition has been diagnosed, and 2) improving glycemic control among the population with diagnosed diabetes.
- **Support research, treatment programs, public education programs, and diabetes health promotion and prevention programs for minority populations.**

We respectfully request a meeting with you this month to discuss how we can work together to accomplish our mutual goals. We look forward to working

with you to improve our nation's health, beginning with changing the way we approach diabetes prevention and treatment.

Sincerely,

American Academy of Physician Assistants

American Association of Clinical Endocrinologists

American Association of Diabetes Educators

American Clinical Laboratory Association

American Diabetes Association

American Dietetic Association

American Medical ID

American Optometric Association

Center for Health Transformation

Diabetes Hands Foundation

diaTribe

Medicare Diabetes Screening Project

National Black Nurses Association

National Minority Quality Forum

Novo Nordisk Inc.

Results for Life: Lab Testing - Better Health, Improved Outcomes

Tethys Bioscience

The Endocrine Society

Vision Service Plan (VSP)

XL Health

CC: Ann Albright, Thomas Frieden, Dora Hughes, Kaya Lewis