



July 14, 2009

An Open Letter to the President and the Congress

Dear Mr. President and Members of Congress:

We commend your efforts to reform the U.S. health care system to improve access to affordable, high quality care and reorient it to focus more on the prevention of chronic diseases and their complications. We share your commitment to change. Specifically, we seek your support in insisting that reform measures are taken to reverse the trend in diabetes prevalence.

Given its devastating financial and physical impact, to truly transform health care, we must change diabetes. Changing diabetes by emphasizing prevention, and improving detection, treatment and care management should be a top priority area for health reform, including all new or expanded initiatives in Medicare, Medicaid, CHIP, and other public programs. Specifically, diabetes should be explicitly identified as a priority condition for:

- Patient-centered care models
- Chronic care management programs
- Quality improvement initiatives
- Programs to reduce racial/ethnic disparities
- Prevention and health promotion initiatives
- Quality-based incentives
- Medicare and Medicaid demonstrations of new care models and delivery systems

Just as our country has had a national response to cancer and AIDS, diabetes requires a national response focused on prevention. Without significant national investment in prevention now, Americans, particularly those in the Hispanic, African-American, and Native American communities who are disproportionately impacted, will continue to needlessly develop diabetes.

### **The Prevalence of Diabetes is Increasing**

Diabetes is alarming in its prevalence and is accelerating rapidly:

- 23.6 million people have diabetes, 6.3 million of whom are undiagnosed.
- An additional 57 million Americans have pre-diabetes.
- Over one quarter of all Americans have diabetes or pre-diabetes.

- It is predicted that about one of every three persons born in 2000 will develop diabetes in his or her lifetime. The lifetime risk of developing diabetes is even greater for ethnic minorities: nearly one in two minorities will develop diabetes.
- By 2025, an estimated 50 million people will be living with diabetes.

## **Diabetes is Linked to Many Other Serious Conditions**

Many deadly and costly diseases are directly linked to diabetes. For example, diabetes significantly increases the risk of heart disease, stroke, kidney disease and depression. At least 65 percent of deaths of persons with type 2 diabetes are due to vascular disease, such as heart attack or stroke. Every day hundreds of people are disabled from diabetes. Diabetes is the leading cause of blindness, end-stage renal disease and non-traumatic amputations among working age adults.

Type 2 diabetes (which accounts for about 90% to 95% of all diagnosed cases) is largely preventable. Improving the results of diabetes treatment and self-care can dramatically reduce the risks of complications for those already with the disease. Therefore, reducing the impact of diabetes would help reduce the incidence of many other serious conditions.

## **Diabetes Death Rates Continue to Climb**

Since 1987, death rates due to heart disease, stroke and cancer have declined. During the same period, the death rate due to diabetes has increased by 45 percent.

## **Diabetes has a Significant Economic Impact**

At \$218 billion in annual direct and indirect costs, diabetes and pre-diabetes rival cancer (\$228 billion) in terms of total cost to the U.S. economy. One in every three Medicare dollars is spent on a person with diabetes. The Institute for Alternative Futures predicts that by 2025, some 50 million Americans will be living with diabetes at a national cost of \$351 billion (2002 dollars).

## **But There are Opportunities to Prevent and Manage Diabetes**

Fortunately, much is known about how to prevent type 2 diabetes and to treat both types of diabetes to effectively manage the disease to avoid costly complications. For example:

- The Diabetes Prevention Program (DPP), a major multicenter clinical research study, found that people at risk for developing diabetes can prevent or delay the onset of diabetes by losing a modest amount of weight through diet and regular exercise. DPP participants reduced their risk of developing type 2 diabetes by 58 percent during the study.
- The United Kingdom Prospective Diabetes Study demonstrated that controlling blood glucose levels reduced the risk of diabetic eye disease and kidney disease for people with type 2 diabetes.

- The Diabetes Control and Complications Trial (DCCT), a major clinical study in those with type 1 diabetes funded by the National Institute of Diabetes and Digestive and Kidney Diseases, showed that keeping blood glucose levels as close to normal as possible slows the onset and progression of the eye, kidney, and nerve damage caused by diabetes.

National health reform presents a unique opportunity to change the nation's system for preventing, treating, and managing diabetes. Indeed, given the staggering impact of diabetes and proven methods of preventing and managing diabetes, changing diabetes is essential to achieving genuine health care reform.

Again, we thank you for your continued efforts to improve the nation's health care system. For the National *Changing Diabetes*<sup>®</sup> Program (NCDP), a program of Novo Nordisk, the metric of success for health reform is seeing a reverse in the trend of rapid growth of diabetes in America. Ultimately, improving our nation's health care means changing diabetes.

Sincerely,



Dana Haza  
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National Changing Diabetes Program

American Association of Diabetes Educators



American College of Physicians



American Diabetes Association



American Optometric Association



Center for Health Transformation



National Business Coalition on Health



Tethys Bioscience



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