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Committee on Health, Education, Labor and Pensions
United States Senate
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Chairman Harkin, Ranking Member Enzi and Members of the Committee, thank you for providing me the opportunity to testify today before the Committee on Health, Education, Labor and Pensions (HELP)on behalf of the American Diabetes Association (Association) and the nearly 105 million American children and adults living with diabetes and prediabetes, including myself.

The state of chronic disease prevention is an important topic. Prevention is our nation's greatest untold healthcare story. For far too long we have acted once disease is present in the body, and often only to mitigate an acute episode, rather than believing in and supporting efforts to prevent chronic disease. But, last year, with the passage of the Patient Protection and Affordable Care Act (PPACA, Public Law 111-148), prevention became front and center to our efforts to fight disease, encourage healthy living, and rein in costs. The inclusion of preventive services as a required benefit, the development of the National Prevention Strategy, and the establishment of the Prevention and Public Health Fund, are major steps to put our country on the right track to prevent chronic diseases like diabetes. In my testimony, I will present the facts about prevention, but I will also tell the stories behind it that prove prevention works and we all have a role to play in promoting it.

Every 17 seconds somebody is diagnosed with diabetes in the United States. Already nearly 26 million Americans have diabetes, but this number is expected to grow to 44 million in the next 25 years if current trends continue. Another 79 million Americans have prediabetes and are at increased risk for developing type 2 diabetes. For these millions of Americans, the complications of diabetes are severe. Two out of three people with diabetes die from heart disease or stroke. Today 238 Americans will undergo an amputation; 120 will enter end-stage kidney disease programs; and 48 will become blind—all due to the devastating effects of this disease. In fact, diabetes is the leading cause of kidney failure, adult-onset blindness and non-traumatic lower-limb amputation, as well as a major cause of cardiovascular disease and stroke.

According to the Centers for Disease Control and Prevention (CDC) one in three adults will have diabetes by the year 2050 if we do not take action. This number is even greater for minority populations with nearly one in two minority adults expected to have diabetes in 2050.

In addition to the physical toll, diabetes also attacks our wallets. A study by the Lewin Group found that in 2007 the total cost to our country of diabetes and its complications, along with gestational diabetes, undiagnosed diabetes and prediabetes, was $218 billion. Medical expenditures due to diabetes totaled $116 billion, including $27 billion for diabetes care, $58 billion for chronic diabetes-related complications, and $31 billion for excess general medical

costs. Other costs included $18 billion for undiagnosed diabetes, $25 billion for prediabetes and $623 million for gestational diabetes. Indirect costs resulting from increased absenteeism, reduced productivity, disease-related unemployment disability and loss of productive capacity due to early mortality reached $58 billion. Approximately one out of every five health care dollars is spent caring for someone with diagnosed diabetes. Further, one-third of Medicare expenses are associated with treating diabetes and its complications. Clearly, if we do not work to prevent diabetes this epidemic will bankrupt our healthcare system.

Diabetes is a chronic disease that impairs the body's ability to use food for energy. The hormone insulin, which is made in the pancreas, is needed for the body to change food into energy. In people with diabetes, either the pancreas does not create insulin, which is type 1 diabetes, or the body does not create enough insulin and/or cells are resistant to insulin, which is type 2 diabetes. In individuals with prediabetes, blood glucose levels are higher than normal and the risk for developing type 2 diabetes is elevated. If left untreated, diabetes results in too much glucose in the blood stream. The majority of diabetes cases, 90 to 95 percent, are type 2 diabetes. Additionally, an estimated 18 percent of pregnancies are affected by gestational diabetes, which occurs when a mother's blood glucose levels are too high during pregnancy, which can harm both the mother and her baby. In the short term, blood glucose levels that are too high or too low (as a result of medication to treat diabetes) can be life threatening. The long-term complications of diabetes are widespread, serious – and deadly.

Despite these grim statistics, we know that type 2 diabetes is largely preventable. Being overweight or obese is a leading modifiable risk factor for type 2 diabetes. In addition to obesity, there are several known risk factors for type 2 diabetes, including physical inactivity, unhealthy diets, family history of the disease, being a member of a high-risk population, advanced age and previous impaired glucose tolerance or impaired fasting glucose. Although some of these factors are not subject to change, changing one's lifestyle can often help prevent type 2 diabetes.

With tens of millions of Americans at risk for diabetes it is crucial that we work to prevent new cases of the disease. Indeed, given rising healthcare costs, we can't afford not to. A 2008 study by Trust for America's Health found that investment of $10 per person per year in proven community prevention programs could save the country more than $15.6 billion per year within five years—a return on investment of $5.60 for every dollar spent. Investing in prevention programs will save money and improve the health and quality of life of Americans, two outcomes that, as a nation, we cannot afford to ignore.

National Diabetes Prevention Program

Research has shown that over half of the individuals at risk for diabetes can prevent the disease through a specific evidence-based lifestyle intervention aimed at diabetes prevention. The National Diabetes Prevention Program, included in the Patient Protection and Affordable Care Act (PPACA), authorizes CDC to expand its work in translating a successful National Institutes of

Health (NIH)clinical trial to the community setting for individuals with the highest risk of developing diabetes.

The Diabetes Prevention Program (DPP), a multicenter clinical research trial funded by the NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), found that a structured lifestyle intervention given in a clinical setting that produced a modest weight loss (about 5-7 percent of body weight) through dietary changes and increased physical activity was able to prevent or delay the onset of diabetes by 58 percent in participants with prediabetes—those at the highest risk for diabetes. The results were even greater among adults aged 60 years or older, who reduced their risk by 71 percent. Further studies of the DPP by the CDC have shown that this groundbreaking intervention can be replicated in community settings for a cost of less than $300 per participant, about a fourth of the cost of the original clinical intervention. With this in mind, Congress authorized the CDC to operate the National Diabetes Prevention Program. This program allows CDC to build the infrastructure to expand these evidence-based lifestyle intervention programs to reach communities across the country. Bringing this program to scale is the key to prevention for many of the 79 million Americans with prediabetes.

Researchers have continued to follow clinical trial participants. Ten years later, the Diabetes Prevention Program Outcomes Study found that the rate of developing diabetes was still reduced. Moreover, individuals aged 60 years or older still showed the greatest overall reduction, proving that the results of this program continue in the long term.

The National Diabetes Prevention Program supports the creation of community-based sites where trained staff will provide those at high risk for diabetes with cost-effective, group-based lifestyle intervention programs. Local sites will be required to provide an approved curriculum and trained instructors and will be rigorously evaluated based on program standards and goals. Thus, implementation of the National Diabetes Prevention Program will ensure availability of a low cost, highly successful diabetes prevention program in communities across the country.

The National Diabetes Prevention Program will do more than just prevent diabetes and its devastating complications. Contrary to arguments that prevention does not save money, the National Diabetes Prevention Program shows that prevention programs are a wise investment that yields significant savings. In 2009, the Urban Institute estimated that a nationwide expansion of this type of diabetes prevention program will produce an estimated $190 billion in savings to the US healthcare system over ten years. Because the burden of chronic disease falls disproportionately on seniors and the poor, the Urban Institute also estimated that 75 percent of the total savings would be to federal health programs like Medicare and Medicaid.. Without a concerted effort at prevention that cost will only grow. Because the National Diabetes Prevention Program focuses on individuals at the highest risk for the disease, the return on investment is certain and it is realized early.

One need only look to the numerous stories of how prevention has changed lives to know that prevention works. Taylor David of the Klamath tribe in Oregon knows that prevention—the

Diabetes Prevention Program in particular—works. Taylor was diagnosed with prediabetes. But luckily for her, the Klamath Diabetes Prevention Program was one of the 36 federally-funded demonstration projects to translate the DPP clinical trial to the meet the cultural needs of tribal organizations.

In 2004, Congress mandated the Indian Health Service (IHS) use additional funding provided through the Special Diabetes Program for Indians (SDPI) to implement the latest scientific findings to prevent diabetes. This resulted in 36 IHS tribal and urban Indian health programs receiving funding to translate the DPP into common prevention education programs in Native American communities. Taylor successfully participated in the program and changed the course of her path to diabetes. She lost over 38 pounds and she no longer has prediabetes. In fact, last year she participated in her first 5k ever and learned how to snowboard. She is healthier, more active, and diabetes free and she states she would not have had the courage, knowledge or ability to make these crucial lifestyle changes were not for the Klamath Diabetes Prevention Program.

While the National Diabetes Prevention Program has been authorized, it has yet to receive dedicated federal funding. On September 21, 2011, the Senate Appropriations Committee passed their Fiscal Year (FY) 2012 Labor, Health and Human Services, and Education Appropriations bill, providing $10 million in funding to the National Diabetes Prevention Program through the Prevention and Public Health Fund. The Association thanks the Committee and hopes that Congress and the Administration maintain this funding as the FY 2012 appropriations process continues. Despite the lack of federal funding needed to fully scale this program, CDC, the Y-USA and UnitedHealth Group have partnered with great success to administer this program in 170 sites in 23 states. This is a start, but it leaves most of the 79 million Americans at risk for diabetes without access to this program, and doctors with nowhere to refer patients with prediabetes. For this program to truly thrive across the nation, it needs a strong federal investment to develop the infrastructure necessary to ensure access to this proven approach, to develop more community-based sites, and to provide public education.

This year the Administration released the National Prevention Strategy, which promises the federal government will "promote and expand research efforts to identify high-priority clinical and community preventive services and test innovative strategies to support delivery of these services." This is a laudable goal, but in the case of the National Diabetes Prevention Program, the research has been done, the results already exist and the federal government is poised to take the next step. That next step is a commitment to bringing the results of this successful, federally-funded research to communities across our country.

Funding will lead to more stories like Margaret Hutchinson from Mound, Minnesota. Last year at Margaret's annual check-up, she found out her blood glucose levels were elevated. Not having a family history of diabetes she didn't think much about it, until she received a letter—and a wake-up call—from her insurer telling her that she had prediabetes and was eligible for the Diabetes Prevention Program at her local Y.

Margaret started the program in November of last year, attended weekly classes with a small group and a lifestyle coach who taught the participants about proper nutrition and physical activity. The class tracked their diets, activities and weight on a weekly basis to decrease their risk for diabetes. Margaret far surpassed the goal to lose 7 percent of her body weight, dropping 13 percent plus an additional 10 pounds after the weekly classes ended. Her blood glucose levels no longer indicate prediabetes. She is now much less likely to develop type 2 diabetes and to seek treatment for its dangerous and costly complications.

Indeed, this program is *exactly* how we should be using taxpayer funds. We asked our scientists to develop a program to prevent diabetes. They did so and they tested it in the doctor's office. It prevented or delayed over half of the new cases of diabetes. Then we asked our public health experts to see if we could move this great program into the community and slash the price. They did it. In the face of the tsunami that is diabetes, we found something that works! To discontinue the federal investment in prevention by eliminating the Prevention and Public Health Fund would be a slap in the face of the success we have achieved as a nation.

Prevention and Public Health Fund

The Prevention and Public Health Fund, which the Senate Appropriations Committee has proposed as a funding source for the National Diabetes Prevention Program, is a monumental national investment in prevention and public health programs. We applaud the great work being done regarding prevention at HHS and specifically at the Division of Diabetes Translation, but recognize that the federal investment just hasn't been adequate. The Prevention and Public Health Fund represents the best comprehensive effort to date to prevent disease and improve the quality of life for millions of Americans. Additionally, funding efforts to prevent chronic diseases, like diabetes and its complications, is essential to reining in our nation's ballooning healthcare costs.

In this time of tight budgets and drastic proposed funding cuts it is important that Congress protect the Prevention and Public Health Fund. The $218 billion annual price tag of diabetes alone is enough to demonstrate that a concerted effort at chronic disease prevention is a prudent investment. This year, there have been numerous efforts to cut or eliminate the Prevention and Public Health Fund, but doing so would only set our country back in its efforts to rein in health care costs and trim budget deficits. Billions of dollars a year are spent through federal government programs to treat acute illnesses and chronic health problems. However, until the creation of the Prevention and Public Health Fund, there was no parallel investment in wellness and chronic disease prevention that could alleviate the existing burden to federal health programs. Even the CDC's efforts to prevent disease have been hampered by budget cuts and flat funding despite the excellent work they do toward disease prevention. But, with the Prevention and Public Health Fund we are finally seeing that investment. States and communities are using these funds for tobacco cessation, behavioral health, obesity prevention and to strengthen the public health workforce

Physical Activity

We know that with healthy diets and active lifestyles, people can reduce their risk for type 2 diabetes. The Physical Activity Guidelines for Americans recommend that adults get two and a half hours of moderate exercise every week to achieve health benefits and reduce the risk of type 2 diabetes, heart disease, stroke and high blood pressure. The guidelines also recommend children be active for at least one hour per day to achieve similar health benefits. Our education system must take our children's physical education as seriously as training their minds if we hope to change the prediction that one in three children (and one in two minority children) born in the year 2000 face a future with diabetes.
This is why the Association supports S. 576, the Fitness Integrated in Teaching (FIT) Kids Act of 2011 sponsored by Chairman Harkin. The FIT Kids Act requires state and local education agencies to include information on health and physical education programs on their annual agency report cards. Requiring this reporting will make school programs more transparent and encourage improved physical education curriculums. This legislation also promotes professional development and training for physical education teachers and emphasizes the importance of promoting healthy lifestyles for students. We ask that the HELP Committee include this legislation in the upcoming reauthorization of the Elementary and Secondary Education Act.

Physical activity can help adults at high risk for the disease prevent type 2 diabetes. Christie Lussoro of the Nez Perce tribe in Idaho has a history of diabetes on both sides of her family. She was concerned about developing diabetes so she joined the Nimiipuu Health Diabetes Program to begin an exercise program and reduce her risk. She worked closely with program staff to develop a customized plan and increased her physical activity level. Over time, Christy lost 31 pounds and her children have joined her at the fitness center to help reduce their own chances of developing type 2 diabetes.

Nutrition

Access to a healthy diet is essential for all Americans and perhaps can be seen most acutely in children like Ahni. Since moving to the US from China about ten years ago, Ahni has adopted a western diet—full of fast foods, processed foods and high-calorie snacks. Even at school, Ahni eats meals that are high in fat, sugars and calories. Moreover, Ahni's school is one of the many that has cut physical education programs. Unfortunately, unless Ahni's family makes drastic changes in their lifestyle and diet, Ahni has a high probability of developing diabetes. Asian Americans are already acutely susceptible to type 2 diabetes, developing the disease at lower weights than people of other races, so Ahni's sedentary lifestyle and high-calorie diet put her even more at risk.

Ahni should be eating healthier meals, especially in school where she spends much of her time. In the 111th Congress, the Association supported passage of the S. 3307, the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296). This legislation is a tremendous step forward in improving the nutritional value of foods served at schools. The United States Department of Agriculture is moving forward with regulations that will make meals under the federal school

lunch and school breakfast programs healthier and we will soon see improved nutrition standards for foods sold in vending machines, a la carte lines, and school stores as well. In order to curb obesity and the related chronic diseases, like diabetes, it is essential to provide young students with healthy meals and snacks that are low in calories and fat. We ask that Congress oppose any efforts to roll back provisions of this law and allow the relevant federal agencies to proceed with implementation so our young students can benefit from healthier meals as soon as possible.

The Association also looks forward to final regulations from the Food and Drug Administration implementing the PPACA requirement for chain restaurants to include calorie counts on their menus and menu boards. This information will help people make more informed choices about the food they choose in restaurants. Choosing lower calorie options when dining in restaurants and fast food establishments will help consumers manage their weight and reduce their risk of type 2 diabetes or better manage existing diabetes.

American Diabetes Association Activities

The federal government is not in this alone. The American Diabetes Association is also doing its part to promote prevention and improve lives. We are engaging in continuing education for clinicians, ensuring that providers are familiar with the preventive tools that are available to them so that they can provide the best options for at-risk patients. For individuals, the Association provides information about diabetes and its seriousness, education on how to lower their risk for diabetes as well as inspiration and programs in communities across the country. Between PSA campaigns to make sure people know their risk for diabetes and education on how to lower that risk, we are getting the message out that it is crucial to stop diabetes.

Additionally, along with the American Cancer Society and the American Heart Association, we have established the Preventive Health Partnership (PHP). The PHP is a coordinated effort between our three organizations to raise public awareness about what Americans need to do to live healthier lives and to provide information and motivation about how better nutrition and regular exercise can prevent type 2 diabetes, heart disease and some forms of cancer.

Conclusion

We all want to make a difference in the health and financial stability of this nation. The HELP Committee has consistently demonstrated a commitment to chronic disease prevention and the Association is grateful for those efforts. Your leadership in combating the growing epidemic of diabetes is critical. It is clear that in order to stop diabetes and rein in healthcare costs, we must support efforts to prevent chronic disease and the complications associated with chronic disease.

Using the Prevention and Public Health Fund to make a dedicated investment in proven chronic disease prevention programs, including the National Diabetes Prevention Program, is the first

step. As we sit here today, there are patients in our nation's hospitals awaiting a horrific amputation or waiting in line at the clinic for their turn at kidney dialysis. Let's work together to clear those waiting rooms and, instead, have more stories like Taylor and Margaret. The Association stands ready to work with Congress toward making America a nation committed to preventing disease rather than acting only to treat disease. Thank you again for allowing me to testify before the Committee today.