



Institute for Alternative Futures
FORESIGHT SEMINARS ON HEALTH & INNOVATION
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The Looming Diabetes Crisis: Can it be Prevented?

Meeting Summary

Foresight Seminar Meeting, June 23, 2006
Room B-338, Rayburn House Office Building

The Foresight Seminar panel included:

- **Tom Boyer**, Executive Director of Diabetes Care Coalition
- **Dr. Francine Kaufman**, one of the nation's foremost pediatric endocrinologists and professor of pediatrics at the **Keck School of Medicine** of the University of Southern California and Children's Hospital Los Angeles
- **R. Stewart Perry**, Vice Chair of National Board of Directors of the American Diabetes Association
- **Dr. William Rowley**, Senior Futurist and Chief Operating Officer for the Institute for Alternative Futures

Preventing the Worst Case for Diabetes Requires Action Now

Can the U.S. prevent a rise from today's 21 million cases of diabetes to 50 million in 2025? This startling rise in diabetes will come from trends in childhood obesity, an increasingly obesogenic environment and an aging population. The Institute for Alternative Futures held its 116th Foresight Seminar June 23 in the Rayburn House Office Building to offer the nation's policy makers options for preventing the worst of this crisis.

The likely 2025 scenario if we continue along our current path, according to Futurist Rowley, will be 622,000 deaths related to diabetes. One in three of today's children will have diabetes that year and 50% will be obese. Life expectancy in America may actually decline as children and young adults with diabetes die, on average 11 to 16 years earlier than normally expected.

Dr. Kaufman, who has been treating children with diabetes for 25 years as a pediatric endocrinologist, noted that she saw virtually no type 2 diabetes in children before the 1990s. But now, 25% of her new patients are children with type 2 diabetes, a disease once called adult-onset diabetes. Diabetes is increasing rapidly in children. This trend creates a real possibility that our grandchildren may have shorter and live less healthy lives than we do.

Paying for Treatment But not Prevention

Current diabetes treatment puts effort and money in the wrong places. Treating diabetes and its complications (amputations, kidney failure, blindness, and heart conditions) is very expensive. Diabetes care often starts late when the costs are much greater.

“Medicare does not pay for education and coaching. It does not pay for pre-disease. This presents health care providers with the most perverse incentives imaginable. But it is how we finance our entitlement programs,” Rowley said.

Perry of the ADA agreed. *“Our reimbursements for diabetes treatment do not reward prevention or good care. It does reward doctors and hospitals if they amputate your leg or put you on kidney dialysis.”* Prevention is the least costly approach. Major surgeries damage the health and finances of both the patient and the healthcare system. Perry and Rowley both called for fixing the payment system so that it rewards healthy living and early diagnosis of diabetes and its complications in order to achieve timely, effective treatment.

Diabetes More Prevalent than the Priority it Receives

Spending for diabetes is not only misdirected, it receives far too few resources given the prevalence of the disease. Diabetes care advocate Boyer compared the government’s approach to preventing diabetes to its aggressive focus on other diseases such as HIV/AIDS. Approximately 1.1 million people live with HIV/AIDS in America. There are 43,000 diagnosed and 16,000 deaths annually. The Federal Government almost unilaterally finances this initiative, and about 560,000 Americans receive care through a federally financed system at a cost of about \$2.2 billion annually. CDC funds prevention and education programs for HIV/AIDS with an annual budget of well over \$650 million.

For breast and cervical cancer there are about 100,000 cases diagnosed each year. Care is generally covered, with presumptive Medicaid eligibility available. CDC funds prevention and education programs with an annual budget of at least \$270 million. Government programs have played an important role in reducing the reach of these diseases.

Then Boyer turned to diabetes. Today, 20.8 million people live with diabetes, and there are about 1.5 million new patients each year. The per capita total costs of diabetes are over \$13,000 per year. Over 40 million live with pre-diabetes. Government provides little to no safety net and greatly restricts available assistance for most with or at risk for diabetes. CDC oversees prevention and control programs for diabetes that receive only about \$60 million annually. Such a comparison clearly shows how government programs on diabetes lack resources to have an impact.

	<i>Number of People with Disease</i>	<i>Diagnoses</i>	<i>Annual</i>	<i>Funding for</i>	<i>Funding for Prevention</i>
BREAST & CERVICAL CANCER		100,000		Generally covered by presumptive safety net/ medicaid	\$270 billion
HIV / AIDS	1.1 million	43,000	16,000	\$2.2 billion (Federal)	\$650 million (CDC)
DIABETES	20.8 million	1.5 million	213,062*	little or no safety nets	\$60 million (CDC)
	(over 40 million with pre-diabetes)			(Diabetes: over \$13,000 per capita costs)	

Policy Actions that Can Help Avert the Crisis

Rowley identified ten factors that could stem the twin epidemics of diabetes and obesity: prevention, screening, behavior modification, management of chronic disease, empowered self care, appropriate technology advances, personalized medicine, access to care, altering the obesogenic environment, and addressing the social determinants of health.

Kaufman reinforced the need to focus on schools. Neighborhoods and communities need to focus on better nutrition and foster physical activity. Boyer called on law makers to increase government support for the prevention and management of diabetes.

Perry noted that even though diabetes is one of the most important health challenges facing the United States, currently there is no national plan to deal with diabetes or obesity. Federal health-related agencies and some states have plans but these are not consistent or coordinated. An effective national plan is needed.

A national dialogue is needed on strategies to prevent the looming crisis of type 2 diabetes and to improve the health system's management of both type 1 and 2 diabetes. Preventing the growth of type 2 diabetes is a monumental challenge that will require not only action on the national level, but at the state and local level as well. Combating the twin epidemics of obesity and diabetes will require us to change how we structure our lives and communities, and how we care for those with the disease. A national plan with state and local actions will require dialogues in families and communities. A national plan should include support to change policies for funding, health care and our own behavior modification.

Additional Resources

Reports

[Diabetes Forecasts to 2025 and Beyond: The Looming Crisis Demands Change](#)

Dr. William Rowley and Dr. Clement Bezold (2005)

[THE DIABETES EPIDEMIC: The Case for Changing Diabetes](#)

The Institute for Alternative Futures and Yale University Schools of Public Health and Medicine (2005)

[Diabetes & Obesity 2025: Four Future Scenarios for the Twin Health Epidemics](#)

The Institute for Alternative Futures (2006)

http://www.altfutures.com/foresight/Diabetes_Scenarios_June_1st.pdf

Books

Diabesity

Kaufman, MD, Francine R. New York: Bantam Books, 2005.