



March 6, 2015

Vivek Murthy, MD, MBA
Surgeon General of the United States
United States Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Murthy:

The Diabetes Advocacy Alliance™ (DAA) would like to congratulate you on your recent confirmation as the 19th Surgeon General of the United States.

We applaud your strong commitment to disease prevention and health promotion, as demonstrated through your service to the Advisory Group on Prevention, Health Promotion and Integrative and Public Health, as well as your co-founding of Vision Worldwide health and work to address HIV education and prevention. We are confident you will bring this same leadership and vision to other critical health issues in your role as Surgeon General.

The DAA is a 20-member coalition that represents a unique cross-section of patient, professional and trade associations, other non-profit organizations, and corporations, all united in the desire to change the way diabetes is viewed and addressed in America. The DAA strives to influence change in health care policy and in the US health care system to improve diabetes prevention, detection and care.

Type 2 diabetes continues to be a growing public health and economic problem, warranting significant attention. Over 29 million Americans are living with diabetes, and another 86 million Americans have prediabetes, resulting in a national cost burden due to elevated blood glucose of more than \$322 billion in 2012.^{1,2}

We support your recognition of obesity as a top public health priority, as we understand that obesity and type 2 diabetes often go hand-in-hand in the chronic disease landscape. The National Diabetes Prevention Program (National DPP) is a good example of this. A community-based lifestyle intervention that is being scaled up nationwide through public-private partnerships and is overseen by the Centers for Disease Control and Prevention (CDC), the National DPP is built on an evidence base that demonstrated that weight loss of 5 to 7% achieved through healthy diet and increased physical activity reduces the risk of developing diabetes in overweight people with prediabetes by 58%.³

The recommendation by the United States Preventive Services Task Force (USPSTF) and coverage by Medicare for obesity screening and intensive behavioral counseling for obesity demonstrates a recognition of obesity as a national health priority, and affirms that weight-loss is integral for preventing chronic disease, including type 2 diabetes.^{4,5} Additionally, the recent draft recommendation by USPSTF for screening for type 2 diabetes will be critical to identifying individuals with prediabetes, so to prescribe the aforementioned lifestyle intervention centered on weight loss, healthy diet, and increased physical activity to prevent the progression to type 2 diabetes.⁶

Through better screening and better prevention programs, we believe we can truly bend the curve on diabetes, and improve our nation's health. As you seek to address obesity, and measure health outcomes

attributed to modest weight-loss such as those demonstrated in the National DPP, we hope you view the DAA as an integral resource in chronic disease prevention and management.

We respectfully request a meeting to discuss the chronic disease burden and diabetes epidemic in the United States, and steps we can take to address it. The DAA looks forward to working with you throughout your tenure.

Sincerely,

Academy of Nutrition and Dietetics

American Association of Clinical Endocrinologists

American Diabetes Association

American Podiatric Medical Association

Healthcare Leadership Council

Endocrine Society

Omada Health

Pediatric Endocrine Society

Novo Nordisk Inc.

YMCA of the USA

References

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2014. CDC website. <http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf> Accessed January 30, 2015.
2. Dall TM, Yang W, Halder P, et al. The Economic Burden of Elevated Blood Glucose Levels in 2012: Diagnosed and Undiagnosed Diabetes, Gestational Diabetes Mellitus, and Prediabetes. *Diabetes Care*. 2014;37(2):3172-3179. doi:10.2337/dc14-1036
3. Diabetes Prevention Program Research Group. Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin. *N Engl J Med*. 2002; 346:393-403. doi:10.1056/NEJMoa012512
4. United States Preventive Services Task Force. Final Recommendation Statement Obesity in Adults: Screening and Management. USPSTF website. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-adults-screening-and-management> Accessed January 30, 2015.
5. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) for Intensive Behavioral Therapy for Obesity (210.12). CMS website. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=353&ncdver=1&NCAId=253&ver=6&NcaName=Intensive+Behavioral+Therapy+for+Obesity&bc=ACAAAAAIAAA&> Accessed January 30, 2015.
6. United States Preventive Services Task Force. Draft recommendation statement: abnormal glucose and type 2 diabetes mellitus in adults: screening. USPSTF website. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/screening-for-abnormal-glucose-and-type-2-diabetes-mellitus> Accessed January 30, 2015.