



March 17, 2023

To Whom It May Concern:

RE: Notice Number: NOT-DK-23-011. Request for Information: The National Institute of Diabetes and Digestive and Kidney Disease seeks public comment on the Report of the NIDDK Advisory Council Working Group on Health Disparities and Health Equity Research

I am submitting comments on behalf of the Diabetes Advocacy Alliance (DAA), a coalition of 29 organizations, whose members advocate to improve prevention, screening and detection, and treatment and care for people living with prediabetes, diabetes, and diabetes and obesity. (www.diabetesadvocacyalliance.com)

The DAA is diverse in scope, with our members representing patient, professional and trade associations, other non-profit organizations, and corporations, all united to change the way diabetes is viewed and treated in America. Since 2010, the DAA has worked with legislators and policymakers to increase awareness of, and action on, the diabetes epidemic. The DAA organizational members share a common goal of elevating diabetes on the national agenda so we may ultimately defeat this treatable, but also potentially deadly chronic disease. We are committed to advancing person-centered policies, practical models, and legislation that can improve the health and well-being of people with diabetes and prediabetes. An essential component to our goal is combatting health disparities and addressing social determinants of health. Our advocacy to policymakers highlights key strategies to prevent, detect and manage diabetes and care for those affected by it. Our educational outreach also illustrates the health equity implications of existing or new policies, regulations, and legislation, and provides alternatives to address the drivers of these inequities.

The members of the DAA wholeheartedly support the proposed recommendations in the draft of the *NIDDK Health Disparities and Health Equity Research Implementation Plan*, which states as its purpose, “to help ensure that NIDDK’s future research efforts address the full spectrum of factors contributing to health disparities” (p.13). The proposed research strategies can provide important guidance to NIDDK in awarding grants that could help improve our understanding of how to better address health disparities and inequities and improve health equity.

Members of the DAA recognize the importance of addressing social determinants of health (SDOH) in research that attempts to learn ways to better address health disparities and improve health equity, especially in relation to the prevention, development, and treatment of diabetes. As the American Diabetes Association (ADA), a DAA member organization, eloquently states in its [Social Determinants of Health and Diabetes: A Scientific Review](#), “With a health care shift toward greater emphasis on population health outcomes and value-based care, social determinants of health (SDOH) have risen to the forefront as essential intervention targets to achieve health equity.” We look forward to research that can help measure the inequalities that are due to lack of support for “upstream” SDOH factors affecting public health and health care, and the need for payers to offer coverage for these supports, or risk adjustments.

Because of the strong correlation of obesity and the development of type 2 diabetes, and the challenges and opportunities posed by treating obesity in people with all types of diabetes, the DAA also is concerned with the impact of SDOH on overweight and obesity. In an analysis of a large sample of National Health Interview Survey data from 2013-2017, and as reported in [Obesity](#) in February 2022, researchers reported that “there was a graded increase in obesity prevalence with increasing SDOH burden. At nearly each quartile, overweight and obesity rates were higher for middle-aged and non-Hispanic Black adults compared with their counterparts; additional differences were observed by sex.” The authors concluded that “cumulative social disadvantage, denoted by higher SDOH burden, was associated with increased odds of obesity, independent of clinical and demographic factors.”

While we recognize and see value in all the proposed research recommendations and opportunities, we especially call out Recommendation #1 (pp. 13-19), on strengthening community engagement to improve research. The YMCA of the USA (the Y), a member organization of the DAA, has been active and instrumental in the translation of the landmark NIDDK Diabetes Prevention Program clinical trial, working with public health research teams to demonstrate and prove that the approach to diabetes prevention used in the clinical trial could achieve results like those of the trial but at significantly less cost. The Y also was engaged with the Centers for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) pilot demonstration, which proved that the clinical trial intervention could be successfully adapted and delivered by community-based partners for the benefit of older adult Medicare beneficiaries. Organizations like the Y, with its large and strong community-based affiliate structure, can offer NIDDK researchers and grantees access and connection to populations disproportionately affected by diabetes and obesity.

Since the Diabetes Prevention Program clinical trial concluded in 2001, technologies have advanced significantly to where there are now diabetes prevention program interventions being delivered by organizations and companies that offer a fully virtual experience. Five DAA member organizations are such virtual providers: Black Women’s Health Imperative, Noom Inc., Omada Health, Teladoc Health, and Weight Watchers (WW). These organizations have demonstrated that fully virtual diabetes prevention programs can achieve results like those of the NIDDK clinical trial while also improving access to underserved populations in rural and urban locations not served by community-based diabetes prevention program providers.

Additionally, during the first few years of the COVID-19 pandemic to the present day, the Y has also seen the value of having the flexibility of Public Health Emergency waivers to offer virtual diabetes prevention programs in its work with underserved populations.

In conclusion, we thank those who created this plan that provides NIDDK with a variety of recommendations and opportunities to better understand how to address health disparities and improve health equity for the populations affected by NIDDK's research, which include those individuals affected directly and indirectly by diabetes and obesity, and we encourage NIDDK to adopt and act upon these recommendations.

Sincerely,

A handwritten signature in cursive script that reads "Hannah E Martin".

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