



March 24, 2025

Robert F. Kennedy, Jr.
Secretary
Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Matthew J. Memoli, M.D.
Acting Director
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Dear Secretary Kennedy, Jr. and Acting Director Memoli:

We are writing today to express our strong support for the continuation of the Diabetes Prevention Program Outcomes Study (DPPOS) at the National Institutes of Health (NIH), which is a series of follow-up studies to the Diabetes Prevention Program (DPP) clinical trial. These groundbreaking longitudinal research studies, with DPPOS Phase 4 currently being conducted at 30 institutions in 21 states, impact tens of millions of Americans living with diabetes and prediabetes nationwide. **Given your strategic focus on addressing chronic disease and chronic disease prevention, we urge you to restore funding for the DPPOS and continue to capitalize on the more than 25-year investment in high-quality diabetes research.**

The original DPP clinical trial concluded early, in August 2001, after demonstrating startlingly good results: Adults living with obesity and prediabetes were able to reduce their risk of developing type 2 diabetes by 58%, compared to placebo, by losing a relatively small amount of weight (5-7%) and increasing their physical activity to an average of 30 minutes per day, 5 days per week.¹ The research funded by DPPOS, which is following people who participated in the original DPP clinical trial, provides an irreplaceable source of long-term information on diabetes prevention. The DPPOS follow-up studies that have been completed have shown that significant percentages of the DPP lifestyle intervention participants were still diabetes-free after 10 and 15 years; and after 10 years, people who had been in the lifestyle intervention were significantly less likely to have eye, kidney, and nerve damage, compared with people who were in the placebo group.²

Long-term follow-up of the DPP participants has yielded data that scientists have used to evaluate predictors of long-term healthy aging.² Currently, DPPOS researchers are working to identify the determinants and nature of cognitive impairment (Alzheimer's disease and other forms of dementia) among people living with prediabetes and type 2 diabetes.² This research supports the National Alzheimer's Project Act's goal to learn how to prevent and effectively treat Alzheimer's disease,³ especially in people living with prediabetes or type 2 diabetes, who are at higher risk of developing Alzheimer's disease and other dementias. Indeed, the Atherosclerosis Risk in Communities (ARIC) study showed that dementia burden can be reduced by preventing or delaying the progression of prediabetes to type 2 diabetes.⁴ Since this funding has been cancelled, the study participants, the clinical employees and investigators, and people with type 2 diabetes and prediabetes are adversely impacted.

The DPP study has been the basis for building and scaling the National Diabetes Prevention Program (National DPP) at the Centers for Disease Control and Prevention (CDC). Through the National DPP, the CDC has a well-established and respected mechanism in place for entities in the private sector (for-profit and not for profit) and public arenas that apply to become recognized providers of quality, evidence-based diabetes prevention programs. Helping hundreds of thousands of American adults prevent or delay type 2 diabetes, these programs are designed for adults with prediabetes who are interested in taking charge of their health.

They are delivered through a variety of convenient in-person, distance learning, and fully online methods. The need for these programs is greater than ever. The latest national data show that about 98 million adults ages 18 and older in America have blood glucose values that fall in the range for prediabetes,⁵ meaning they are at increased risk of developing type 2 diabetes, one of the costliest chronic diseases with potentially devastating health consequences. With this administration's focus on combatting chronic disease, research like this should be a priority.

The DAA is diverse in scope, with our 22 member organizations 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. DAA members share a common goal of elevating diabetes on the national agenda so we may ultimately defeat this treatable, but deadly chronic disease.

As Co-Chairs of the Diabetes Advocacy Alliance (DAA), we are pleased that you are invested in addressing the prevention of chronic disease and have spoken strongly about making such prevention a priority for the Department of Health and Human Services. That's why it is crucial to continue funding the DPPOS study at the NIH. We appreciate the opportunity to share our thoughts with you. As dedicated supporters of diabetes prevention, we look forward to working with you to improve the health of all Americans. If you have any questions, please contact Katie Adamson (katie.adamson@ymca.net) or Laura Friedman (lfriedman@diabetes.org).

Sincerely,



Katie Adamson
Co-Chair, Diabetes Advocacy Alliance
Vice President, Health Partnerships and Policy
YMCA of the USA



Laura Friedman
Co-Chair, Diabetes Advocacy Alliance
Vice President, Regulatory Affairs
American Diabetes Association

¹Diabetes Prevention Program Research Group. N Engl J Med 2002;346:393-403. DOI: 10.1056/NEJMoa012512. VOL. 346 NO. 6. <https://www.nejm.org/doi/full/10.1056/NEJMoa012512>

²Diabetes Prevention Program Outcomes Study. About DPPOS. Accessed on March 21, 2025. Available at <https://dppos.bsc.gwu.edu/web/dppos/dppos>.

³U.S. Department of Health and Human Services. National Plan to Address Alzheimer's Disease: 2024 Report. Accessed on March 21, 2025. Available at <https://aspe.hhs.gov/sites/default/files/documents/dc2ff0be0e08df15971fce57cb8e5c7a/napa-national-plan-2024-update.pdf>.

⁴Hu, J., Fang, M., Pike, J.R. *et al.* Prediabetes, intervening diabetes and subsequent risk of dementia: the Atherosclerosis Risk in Communities (ARIC) study. *Diabetologia* **66**, 1442–1449 (2023). <https://doi.org/10.1007/s00125-023-05930-7>

⁵Centers for Disease Control and Prevention. National Diabetes Statistics Report. May 15, 2024. Available at <https://www.cdc.gov/diabetes/php/data-research/index.html>.