



November 20, 2023

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Deputy Assistant Secretary for Health
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Washington, DC

Dear Rear Admiral Reed:

I am writing today to submit comments for your consideration about the Healthy People 2030 Program's objectives for 2030. As someone who has worked on issues related to diabetes and public health for the past 30 years, for the American Diabetes Association and the private sector, I have appreciated the great work that your current team and its predecessors have done for many decades, to help the public health community discuss and determine local public health objectives for states, counties, and communities across the United States.

Current Healthy People 2030 Diabetes-Related Objectives

Given the relationship of overweight and obesity to prediabetes and diabetes, I wholeheartedly support both [the diabetes-related objectives](#) and [the overweight and obesity-related objectives](#) that are in the current set of Healthy People 2030 objectives.

In the sections below, I have presented my thoughts that relate to current Healthy People 2030 objectives, with some recommendations for new **developmental** objectives, and recommended modifications for the wording of a few current **core** objectives.

[D-D01](#): Increase the proportion of eligible persons completing CDC-recognized type 2 diabetes prevention programs.

The [Healthy People 2030 website describes this objective as developmental](#): "This objective currently has developmental status, meaning it is a high-priority public health issue that has evidence-based interventions to address it, but doesn't yet have reliable baseline data. Once

baseline data are available, this objective may be considered to become a core Healthy People 2030 objective.”

This objective is difficult to measure, as written, as it asks for a “proportion.” As we know, a proportion needs both a numerator and a denominator. For the numerator, data are available from the CDC for the National Diabetes Prevention Program (National DPP) and from CMS for the Medicare Diabetes Prevention Program (MDPP), but the numbers are relatively small. CDC estimates that more than 600,000 individuals have completed a CDC-recognized diabetes prevention program and [CMS reports](#) approximately 5,000 Medicare beneficiaries had completed the MDPP as of December 2021. The denominator is huge: CDC currently estimates the number of adults with prediabetes as 96,000,000. Using 605,000 as the numerator yields a proportion that is less than one percent (.0062). Until the National DPP and the MDPP scale up tremendously, it might be better to set a Healthy People 2030 objective based on whole numbers, using 2021-2022 data from CDC and CMS. I propose an alternately worded objective for D-D01: “Increase the number of adults having completed a diabetes prevention program.”

Another option would be to create a surrogate measure from public/patient self-reported data: “Increase the proportion of people diagnosed with prediabetes that are referred to a diabetes prevention program.” The baseline could come from the NHANES survey, with the addition of a follow-up question to [question DIQ.160 in the NHANES diabetes questionnaire](#) that asks people who say “yes” to having been told they have prediabetes, “did a doctor or other health care provider refer you to a diabetes prevention program?”

D-02: Reduce the proportion of adults who don’t know they have prediabetes.

Objective D-02 is stated in the negative: “Reduce the proportion of adults who don’t know they have prediabetes.” I would offer that stating the objective in the positive would be easier to understand and make more sense to the public health community: “Increase the proportion of adults who know they have prediabetes.”

Regardless, the wording of objective D-02 suggests that its baseline measure should assess and describe awareness/lack of awareness of prediabetes. Yet Healthy People 2030 describes the baseline measure, coming from NHANES as follows: “38.0 percent of adults aged 18 years and over, who had not been diagnosed with prediabetes or diabetes, had undiagnosed prediabetes in 2013-16.” This statement does not describe awareness. The [NHANES survey asks adults](#) if they have ever been told by a doctor or other health professional that they had diabetes or prediabetes. NHANES then follows up with a smaller randomized sample of adults, who submit to actual blood tests for prediabetes and diabetes. The finding of 38.0 percent, described above, comes from an analysis of the blood work of the adults who said “no” to the question of having prediabetes, but it turns out that, they did have prediabetes.

I suggest that the [data reported by the CDC](#), also from NHANES, would be a better baseline data source, if Healthy People 2030 wants to measure and report awareness/lack of awareness. CDC reports that “19.0% of adults with prediabetes reported being told by a health professional that

they had this condition.” This statistic implies that 81% of people with prediabetes have not been told. Reducing this 81% statistic would be a measure of increased awareness and would likely make more sense to the public health community that Healthy People aims to reach than the current baseline measure.

If Healthy People 2030 wants to keep its current measurement baseline, I suggest a different wording for objective D-02: “Reduce the proportion of undiagnosed prediabetes,” because this is what the baseline data measures.

D-01: Reduce the number of diabetes cases diagnosed yearly.

This objective is dependent upon D-02 and D-D01. But it is also related to the proportion of people with overweight or obesity who lose weight, as overweight/obesity is a significant risk factor for developing prediabetes and type 2 diabetes. I recommend that Healthy People 2030 show that a dependent connection exists among objectives D-01, D-02, and D-D01, as well as NWS-03 and NWS-05.

NWS-03: Reduce the proportion of adults with obesity.

NWS-05: Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity.

In reviewing the Healthy People 2030 website, I noticed that the main obesity objective (NWS-03) is not listed in the “chronic disease” set of objectives. The public and clinical health care communities have moved to recognizing obesity as a chronic disease, so I recommend that you add NWS-03 to the [list of chronic disease objectives](#). Diabetes should be cross referenced in this list as well.

Also, the “Overweight and Obesity” objectives’ list shows [NWS-03 and NWS-05](#), above, as “Nutrition and Healthy Eating” objectives. I recommend that you move these objectives to the “Overweight and Obesity – General” category, where lies the similarly-worded (to NWS-03) objective for reducing the proportion of children and adolescents with obesity.

I see a challenge in interpreting the measure for NWS-05 – the proportion of office visits that include counseling or education related to weight reduction, nutrition, or physical activity.

- It is unclear if patients are receiving intensive behavioral therapy for obesity (IBTO), or simply one-off provider mentions of the importance of losing weight.
- I think a more useful measure – modifying NWS-05 – would be “Increase the proportion of physician office visits made by adult patients with obesity that include a referral for IBTO or an evidence-based diabetes prevention or weight loss program.” To do this would require a change to the National Medical Ambulatory Care Survey’s (NAMCS) patient record form, which is “modified approximately every 2 to 4 years to reflect changes in physician practice characteristics, patterns of care, and technological innovations,” per the [Healthy People 2030 website page](#) for this survey.

- I believe it is also important to measure what people say they are doing to try to lose weight. [NHANES has a “Weight History” module](#) that includes this question: “How did you try to lose weight?” It has a series of pre-coded responses for the interviewer. I recommend two additions and one wording change to that pre-coded list:
 - “Was referred to intensive behavioral therapy for obesity (IBTO) or a diabetes prevention program.”
 - “Was prescribed medication to help me lose weight.”
 - I also recommend that NHANES modify this response choice that currently appears: “Took diet pills prescribed by a doctor.” The newer GLP-1 medications for obesity are injected, not taken as pills. Therefore, I recommend this language: “Took medication prescribed by a doctor.”

Thank you for seeking comments from the public for your Healthy People 2030 program. We hope the program continues to grow in importance as a leading catalyst to improvements in public health.

Sincerely,

Members of the Diabetes Advocacy Alliance
<https://diabetesadvocacy.org/>