Marti Macchi likes to equate America’s problem with diabetes to an iceberg. What’s on top of the water looks bad, but it’s not nearly as bad as what’s lurking below the surface.

“We have 26 million people walking around with diabetes,” said Macchi, senior consultant for diabetes at the National Association of Chronic Disease Directors. “Approximately 10 million of those are diagnosed and the rest are walking around and don’t know it.”

In addition, about 79 million people have pre-diabetes, those people who have an elevated blood glucose level, but it is not severe enough to be considered diabetic. Without lifestyle changes and/or treatment, most of them will become diabetic.

Macchi spoke at the Health Policy Academy at The Council of State Governments 2012 National Conference in Austin, Texas.

Macchi said policymakers should be thinking about how to identify people who are diabetic and those who have pre-diabetes—particularly among state employees and patients on Medicaid, since states provide medical coverage for those populations.

“We need to think about screening,” she said. “Screening is really the entry point to containing this epidemic. We have to be able to know who our people are who need interventions.

“A really important area and I think, a highly neglected area, is gestational diabetes. We know screening pregnant women for diabetes is important. ... We really don’t know how often it’s happening, it’s not mandated.”

Nicole Johnson, a diabetes policy advocate and Miss America 1999, agreed the nation hasn’t paid as much attention to gestational diabetes as it should.

“Gestational diabetes screening, again, is not happening,” Johnson said. “It will not happen unless it is mandated, unless you do something about it. When gestational diabetes is present, the costs of care both to mother and child rise dramatically.

“We must require state health insurance programs, Medicaid programs to track screening for gestational diabetes. ... This gives us a data set to use for interventions. It’s low-hanging fruit where we can make a tremendous difference in a short period of time.”
Katherine Blair, health policy adviser in Colorado Gov. John Hickenlooper’s office, said her state is using the National Diabetes Prevention Program. Led by the U.S. Centers for Disease Control and Prevention, it is an evidence-based program designed to help people make lifestyle changes to prevent diabetes.

Blair said Colorado uses a 16-week program facilitated by community organizations, such as a YMCA. The goal is to get participants active for 150 minutes each week. If participants can lose just 5 to 7 percent of their body fat, Blair said, they reduce their risk of developing diabetes by 58 percent. On a nationwide basis, that could prevent or delay 885,000 cases of diabetes and save $5.7 billion.

“The way we see this program, you’re really building personal responsibility,” she said. “It’s hard to take a couch potato culture and make it active. What we can do is have individuals screened, identify those with pre-diabetes and put those individuals into the program.”

Ivan Lanier, director of state government affairs for the American Diabetes Association, urged legislators to consider who in their states is allowed to help children with diabetes take care of their disease at school. If there is no school nurse, Lanier said, other school personnel can be trained to administer routine, non-emergency care for diabetic children.

But often, he said, there is no statewide policy and it is left up to school districts to decide what to do. Only 28 states have school diabetes care laws. In some instances, diabetic children have not been allowed to take field trips and parents have been required to be on-site for routine blood sugar checks.

“No child should be excluded from athletics and school trips because of diabetes,” Lanier said.

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