

VIA ELECTRONIC SUBMISSION: <http://www.healthypeople.gov>

January 17, 2019

U.S. Department of Health and Human Services  
Office of Disease Prevention and Health Promotion  
Don Wright, MD, MPH  
Director, Office of Disease Prevention and Health Promotion  
Rockville, MD 20852

**Re: Healthy People 2030 Objectives**

Dear Dr. Wright:

The American Association of Diabetes Educators (AADE) appreciates the opportunity to offer comments to the Office of Disease Prevention and Health Promotion (ODPHP) on the proposed Healthy People 2030 objectives. AADE wishes to comment on the objectives that specifically address diabetes or impact diabetes prevention and management.

AADE is a multi-disciplinary association of healthcare professionals dedicated to integrated self-management as a key outcome in the care of people with diabetes and related chronic conditions. Representing over 14,000 professional members including nurses, dietitians, pharmacists, exercise specialists, and others, AADE has a vast network of practitioners working with people who have, are affected by, or are at risk for diabetes. AADE joined our colleagues from the [Diabetes Advocacy Alliance™](#) (DAA) in a more detailed comment letter, but given the position of the diabetes educator at the intersection of clinical management and self-management of diabetes, we also wish to offer our own comments to convey this unique perspective.

**Healthy People 2030 Objectives: Access to Health Services (AHS)**

AADE strongly supports increasing access to healthcare providers, medications, preventative services, and insurance. One critical component of access is affordability. AADE recognizes that Healthy People 2030's Plan of Action includes facilitating the development and availability of affordable means of health promotion, disease prevention, and treatment. Affordability also plays a critical role in reducing health disparities, necessary to improve the well-being of all. AADE specifically wishes to highlight affordability in the context of accessing health services and medications. Diabetes educators report that even if a person with diabetes has prescription drug coverage, medications may still be unaffordable. Further, affordability is a significant barrier to accessing and taking medication and self-monitoring of blood glucose (SMBG). AADE encourages Healthy People 2030 to consider incorporating affordability into the

AHS objectives, specifically for objectives like AHS-2030-03- "Increase the proportion of persons with **affordable** prescription drug insurance."

### **Healthy People 2030 Objectives: Diabetes (D)**

AADE appreciates the efforts of Healthy People 2030 to streamline and simplify the objectives for diabetes. AADE largely supports the Healthy People 2030 proposed objectives for diabetes as Core Objectives and recognizes ODPHP for their support of objectives related to diabetes prevention, management, education, and care. AADE offers comments, concerns, and suggestions on some of the proposed diabetes measures for Healthy People 2030:

- **D-2030-03/D-2030-05:** AADE supports maintaining the objectives related to lower extremity amputations (**D-2030-03**) and the microvascular complications of retinopathy (**D-2030-05**). AADE recommends that ODPHP retain the word "dilated" when referencing the annual eye exam. Dilation is a critical component to detecting diabetic retinopathy and aligns with current medical standards for diabetes
- **D-2030-07:** *Increase the proportion of adults with diabetes **using insulin** who perform self-monitoring of blood glucose at least once daily*

Healthy People 2030 updated the objective for Healthy People 2020 by adding the words "using insulin." AADE views this as an important update, though we would encourage ODPHP to also consider that many people with diabetes, who are not on insulin, also test their blood sugar in a specific pattern. This could include before and after a meal in order to see how different foods impact their blood sugar. This can be a powerful educational and empowerment tool for people with diabetes. AADE wants to ensure that emphasizing self-monitoring of blood glucose only for individuals using insulin does not impact coverage policies or accessibility of test strips for individuals who are not using insulin but still engaging in self-monitoring of blood glucose.

- **D-2030-08:** *Increase the proportion of persons with diagnosed diabetes who **ever** receive formal diabetes education*

Including the word "ever" implies that it is sufficient for people with diabetes to receive diabetes education once in their lifetime. Though an important baseline, diabetes education, self-management, and support is ongoing and is not appropriately captured as a one-time experience.

- **D-2030-09:** Reduce the proportion of adults with undiagnosed prediabetes.

AADE recommends that ODPHP expand the objective to include diabetes: "Reduce the proportion of adults with undiagnosed **diabetes** and prediabetes." By expanding this measure, ODPHP can simultaneously identify adults with both undiagnosed diabetes and prediabetes. The risk factors for both undiagnosed diabetes and prediabetes are the same, as are the blood tests used to identify diabetes and prediabetes.

- AADE cautions ODPHP over the removal of the Healthy People 2020 measures that seek to reduce the macrovascular complications related to lipid control and blood pressure control:

*Healthy People 2020 D-6: Improve lipid control among persons with diagnosed diabetes*

*Healthy People 2020 D-7: Increase the proportion of person diagnosed with diabetes who blood pressure is under control*

We recognize the Healthy People 2030 seeks to reduce duplication across objective topics and there are objectives under HDS (Heart Disease and Stroke) that address these areas. We wanted to reinforce that diabetes greatly increases the risk of heart disease, stroke, and other cardiometabolic diseases. As such, we urge ODPHP to address the important connection between lipid control and blood pressure and diabetes.

- **D-2030-D01:** (Developmental Objective) Increase the proportion of eligible individuals completing CDC-recognized lifestyle change programs.

Lifestyle change programs are central to the work of diabetes educators in improving outcomes for people with diabetes. AADE works directly with the CDC on initiatives including the National Diabetes Prevention Program (NDPP). We strongly support the inclusion of this objective and ODPHP's recognition of lifestyle change programs.

### **Healthy People 2030 Objectives: Sleep Health (SH)**

AADE suggests that Healthy People 2030 consider adding an objective related to sleep hygiene. Sleep health, and specifically sleep hygiene, plays a key role in help improve the quality of life for people living with diabetes. Creating an objective that more clearly defines sleep hygiene would serve as an important addition to the Sleep Health section of the Health People 2030.

### **Assessment of Health People 2030 Objectives**

AADE applauds Healthy People 2030 for setting more focused and attainable objectives to improve the health and well-being of people living in the United States. We believe that the Healthy People 2030 framework and objectives strongly support the need for prevention and proactive medicine. Though outside of the diabetes category of objectives, many other categories directly impact people with diabetes and other chronic diseases. These include areas like promoting immunizations and vaccinations, reducing tobacco use, reducing obesity, and addressing maternal, infant, and child health issues such as reducing the number of pregnant women with undiagnosed diabetes. This speaks to the need to focus on improving the overall health of individuals, and recognizing the relationships and correlations between chronic diseases like diabetes and other areas like obesity, cardiovascular disease, tobacco use, etc. We appreciate the role the Healthy People initiative plays in seeking to improve the health of all Americans.

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AADE appreciates the opportunity to comment on the proposed Healthy People 2030 objectives. Please contact Kate Thomas, Director of Advocacy, by phone at 312-601-4821 or via email at [kthomas@aadenet.org](mailto:kthomas@aadenet.org) should you have any questions regarding AADE's comment letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Chad Mac", written in a cursive style.

Charles Macfarlane, FACHE, CAE  
Chief Executive Officer