



Statement for the Record
**Senate Health, Education, Labor and Pensions (HELP) Committee, Primary Health
and Retirement Security Subcommittee Hearing:**
“Addressing Disparities in Life Expectancy”
July 21, 2021

Thank you Chairman Sanders, Ranking Member Collins, and distinguished members of the Health, Education, Labor and Pensions (HELP) Committee’s Primary Health and Retirement Security Subcommittee for providing the American Diabetes Association (ADA) the opportunity to submit written comments regarding life expectancy disparities. We appreciate you considering this important topic at such a critical time.

The ADA is the nation’s leading voluntary health organization fighting to bend the curve on the diabetes epidemic and help people living with diabetes thrive. For 80 years the ADA has been driving discovery and research to treat, manage, and prevent diabetes, while working relentlessly for a cure. We help people with diabetes thrive by fighting for their rights and developing programs, advocacy, and education designed to improve their quality of life.

As you are no doubt aware, stark inequities in life expectancy exist in the U.S. today – on average, people of color, those living in poverty, and other historically underserved groups live significantly shorter lives than white Americans.¹ Although these disparities existed long before the outbreak of COVID-19, the pandemic’s effects have widened them: while COVID lowered overall U.S. life expectancy by 1.13 years in 2020, reductions were three to four times higher among Black and Latino communities than among whites, wiping out more than a decade of progress in narrowing the Black-white life expectancy gap.²

These inequities are felt especially acutely by the diabetes community, within which people of color and low-income Americans are, sadly, heavily overrepresented. Not only are diabetes rates inversely related to income, but people of color are nearly twice as likely to be diagnosed with diabetes or other related underlying conditions as white Americans.³ In addition, more than three in four Americans living in poverty today are

¹ Gopal K. Singh and Hyunjung Lee, “Marked Disparities in Life Expectancy by Education, Poverty Level, Occupation, and Housing Tenure in the United States, 1997-2014,” *International Journal of Maternal and Child Health and AIDS* 10, no. 1 (2021): 7, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7792745/>.

² Mallika Kallingal, “Coronavirus will knock more than a year off average US life expectancy, study finds,” *CNN*, January 15, 2021, <https://www.cnn.com/2021/01/15/health/coronavirus-us-life-expectancy/>.

³ Darrell J. Gaskin et al., “Disparities in Diabetes: The Nexus of Race, Poverty, and Place,” *American Journal of Public Health* 104, no. 11 (2014): 2147-2155, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4021012/>; James H. Price et al., “Racial/Ethnic Disparities

people of color.⁴ These patterns exist in large part because the social, economic, and environmental factors that put people at a higher risk for developing diabetes are especially pervasive in America's communities of color. Zip code, educational opportunity, and socioeconomic status often dictate how far someone lives from the nearest grocery store, whether they have access to healthy foods, and whether they have quality health care nearby, putting needed resources out of reach for many of those who need them most.

These trends are so prevalent that in the U.S. today, it is impossible to disentangle diabetes from larger systemic questions around health equity; we cannot have a holistic conversation about the causes and effects of one without discussing the other. It is for this reason that the ADA is dedicated to helping improve health equity in the United States, and by extension, racial and socioeconomic equity *writ large* – today's health disparities are rooted in centuries of structural racism, resulting in systemic barriers to health care and other resources that over time have compounded the disadvantages faced by Americans of color and other historically underserved communities, at the expense of both health and personal well-being.

Given these facts, it is little wonder why life expectancy disparities within the diabetes community are so extreme – people with type 2 diabetes live 10 fewer years on average than those without diabetes. For people with type 1 diabetes, the average lifespan reduction grows to more than 20 years.⁵ Further, in addition to living shorter lives, people with diabetes – and particularly people of color within our community – suffer poorer quality of life as well. Not only do racial and ethnic minority groups experience higher rates of diabetes and other comorbid chronic conditions than white peers, Americans of color are also less likely to have health insurance; more likely to live in food deserts, areas with limited access to affordable and nutritious food; less likely to live in neighborhoods with ample access to green space to safely play and exercise; and experience more stress during their lifetimes on average, magnifying existing disparities.⁶ People of color in the U.S. also suffer diabetes-related amputations up to

in Chronic Diseases of Youths and Access to Health Care in the United States,” *BioMed Research International* 2013 (2013), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3794652/>.

⁴ Kaiser Family Foundation, “Poverty Rate by Race/Ethnicity,” <https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

⁵ “Diabetes Life Expectancy,” *Diabetes.co.uk: The Global Diabetes Community*, January 15, 2019, <https://www.diabetes.co.uk/diabetes-life-expectancy.html>.

⁶ Samantha Artiga, Latoya Hill, Kendal Orgera, and Anthony Damico, “Health Coverage by Race and Ethnicity, 2010-2019,” Kaiser Family Foundation, July 16, 2021, <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/>; Kelly Brooks, “Research Shows Food Deserts More Abundant in Minority Neighborhoods,” *Johns Hopkins Magazine*, Spring 2014, <https://hub.jhu.edu/magazine/2014/spring/racial-food-deserts/>; Richard Florida, “The Inequality of America's Parks and Green Space,” *Bloomberg CityLab*, March 19, 2019, <https://www.bloomberg.com/news/articles/2019-03-19/access-to-green-space-varies-by-class-race-in-the-u-s>; APA Working Group on Stress and Health Disparities, *Stress and Health Disparities: Contexts, Mechanisms, and Interventions Among Racial/Ethnic Minority and Low Socioeconomic Status Populations*, American Psychological Association, January 11, 2018, <https://www.apa.org/pi/health-disparities/resources/stress-report.pdf>.

four times as often as white Americans – a number that becomes even more striking when considering that one in 10 amputees with diabetes dies within 30 days of surgery, and one in six lose their lives within 90 days.⁷

Federal action to reverse these tragic trends is urgently needed. To generate the type of structural change that is required, we need to look further upstream and address the cause of these problems rather than just the symptoms. That is why the ADA launched our Health Equity Now campaign last year and published our Health Equity Bill of Rights, a set of principles guiding the ADA's ongoing efforts to take on, through policy and programmatic action, the systemic barriers to health and health care that persist in our country today.⁸ Through this work, we aim to ensure that no person with diabetes or at risk for developing diabetes, regardless of who they are, where they are from, or what they look like, lacks the resources they need to stay safe and healthy – a bare necessity that has remained out of reach for far too many for far too long.

While no silver bullet can reverse the grim effects of hundreds of years of racial injustice, structural inequality, and systemic barriers to health care, there is much we can do to ensure that nobody is forced to go without the resources they need to live a healthy life. With that in mind, we hope to see Congress take steps this year to do more for Americans of color and low-income populations who, with better health care infrastructure, better access to innovation, and better coverage policy, could see critical benefits that can help reduce overall diabetes and prediabetes rates in these communities. Policy changes the ADA would be thrilled to see enacted include:

- Lowering the cost of prescription drugs and devices, including through rebate reform and building a more competitive biosimilars market;
- Remedying harmful health insurance coverage practices that raise the cost of and limit access to care, like step therapy and restrictive tiering policies;
- Expanding Medicare and Medicaid coverage and access for drugs, devices, and preventive care such as interventions to avoid unnecessary diabetes-related amputations; and
- Making hospital and provider care more affordable and price transparent.

It is our hope that this Subcommittee will keep our community top of mind while working on these issues and to identify additional paths forward.

Thank you for the opportunity to submit this testimony for the record. The ADA looks forward to continuing to work with Congress to identify ways to ensure that all

⁷ Kerianne H. Holman et al., "Racial Disparities in the Use of Revascularization Before Leg Amputation in Medicare Patients," *Journal of Vascular Surgery* 54, no. 2 (2011): 420-426, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3152619/>; Jason K. Gurney et al., "Postoperative Death After Lower-Limb Amputation in a National Prevalent Cohort of Patients with Diabetes," *Diabetes Care* 41, no. 6 (2018): 1204-1211, <https://care.diabetesjournals.org/content/41/6/1204>.

⁸ American Diabetes Association, "#HealthEquityNow," <https://www.diabetes.org/healthequitynow>; American Diabetes Association, "Health Equity Bill of Rights," https://www.diabetes.org/sites/default/files/2020-08/Health%20Equity%20Bill_2nd_v2.pdf.

Americans have access to the resources they need to stay safe and healthy – especially those living with or at risk for developing diabetes.