



**DIABETES MELLITUS  
INTERAGENCY  
COORDINATING  
COMMITTEE**

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*Coordinating the Federal  
Investment in Diabetes  
Programs To Improve the  
Health of Americans*



# **The Diabetes Mellitus Interagency Coordinating Committee**

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*Coordinating the Federal Investment in Diabetes Programs To Improve the Health of Americans*

## **What Is the DMICC?**

- Originally authorized by Public Law 93-354 and established in 1974, the Diabetes Mellitus Interagency Coordinating Committee (DMICC) is chaired by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) and includes members from other agencies of the Department of Health and Human Services and from other federal departments and agencies that conduct or support diabetes-related activities.
- The DMICC facilitates cooperation, communication, and collaboration on diabetes research and programs among these government entities.
- DMICC meetings, held several times a year, help members to identify emerging issues and opportunities and develop ways in which different government components can work together and build upon each other's expertise and resources. This approach helps ensure that federal diabetes activities are coordinated and not duplicated, and stimulates collaborations where appropriate.

## **Who Are the DMICC Members?**

- The DMICC currently includes representatives from the Department of Health and Human Services (DHHS): 3 Centers of the Centers for Disease Control and Prevention (CDC), 22 NIH Institutes and Centers, the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare & Medicaid Services (CMS), the DHHS Office of Disease Prevention and Health Promotion (ODPHP), the DHHS Office of Minority Health, the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA), and the Indian Health Service (IHS).

- The DMICC also includes representatives from three non-DHHS agencies: the Department of Defense (DOD), the U.S. Department of Agriculture (USDA), and the Veterans Health Administration (VHA).
- Member agencies represent a spectrum of diabetes activities across the government, contributing at various stages to fostering research and to a paradigm of translating the results of diabetes biomedical and behavioral research from the bench to the bedside to the community.

## **How Does the DMICC Coordinate Diabetes Activities Across the Government?**

### Examples Include:

- *Meetings:* DMICC meetings provide in-depth and timely sharing of information from the various programs and from experts outside the government on all forms of diabetes—type 1, type 2, gestational, and rare genetic forms—pre-diabetes, and diabetes health complications; help to catalyze new projects; and guide the progress of projects involving several agencies.
- *Strategic Planning:* The DMICC has taken a leadership role with respect to strategic planning for diabetes research. For example, *Advances and Emerging Opportunities in Type 1 Diabetes Research: A Strategic Plan* (August 2006) was developed under the auspices of the DMICC with broad external input ([www.T1Diabetes.nih.gov/plan](http://www.T1Diabetes.nih.gov/plan)). The DMICC also recently held a meeting with external scientific experts to obtain input on future opportunities for new clinical trials for type 1 and type 2 diabetes. Many ongoing clinical studies are collaborative efforts involving multiple NIH Institutes and Centers and other government components, and DMICC leadership has been important for research planning efforts.
- *Development and Collaboration on Special Programs:* To meet the need for nationwide efforts to promote adoption of proven methods to treat and manage diabetes, the National Diabetes Advisory Board recommended and DMICC members provide input on the National Diabetes Education Program (NDEP: [www.ndep.nih.gov](http://www.ndep.nih.gov)).

Jointly led by NIH and CDC, the NDEP recently published a 10-year report on its accomplishments ([www.ndep.nih.gov/diabetes/pubs/NDEP\\_ProgressRpt07.pdf](http://www.ndep.nih.gov/diabetes/pubs/NDEP_ProgressRpt07.pdf)). The DMICC plays an important role in coordinating diabetes research supported by the trans-HHS *Special Statutory Funding Program for Type 1 Diabetes Research*. This special program is administered by the NIDDK and involves numerous Institutes and Centers of the NIH, as well as the CDC. The program supports a broad range of basic, clinical, and translational research activities, including multi-center networks testing new approaches to prevention and treatment of type 1 diabetes, ranging from immune system modulation to mechanical approaches to improve blood sugar management. The DMICC recently published an evaluation of the program's first 10 years demonstrating its success in advancing diabetes research ([www.T1Diabetes.nih.gov/evaluation](http://www.T1Diabetes.nih.gov/evaluation)).

- *Evaluation of Ongoing Diabetes Efforts:* The DMICC has coordinated efforts to assess the status of federally-supported research on diabetes and its complications.

## **What Diabetes Activities Have Been Successfully Coordinated Across the Government?**

### **Examples Include:**

- Promoting diabetes prevention and control through activities of the National Diabetes Education Program, the leading federal government education program of this kind.
- Preventing or delaying type 2 diabetes through the Diabetes Prevention Program (DPP), and translating and disseminating the positive results of this clinical trial as public health messages via diabetes prevention awareness campaigns targeting high-risk populations.
- Addressing diabetes in communities at risk around the U.S., through programs such as Diabetes Education in Tribal Schools and the statutory *Special Diabetes Program for Indians*, and through educational campaigns addressing populations disproportionately affected by diabetes.

- Ensuring consistent information about diabetes for the public through a process in which components of DHHS, voluntary and professional organizations, and others develop and share statistics for diabetes and pre-diabetes in the U.S.
- Partnering on research and regulatory issues for the “artificial pancreas” and for development of a guidance for diabetes therapeutics development through an interagency working group, public workshops, and other efforts.
- Partnering on surveillance efforts for diabetes prevalence, incidence, and control, as well as on studies to identify effective practices and barriers to improved care in managed care and other health care delivery settings.
- Collaborating on the design of studies on islet transplantation as a novel therapy for type 1 diabetes.
- Developing research initiatives and activities to address specific problems such as foot ulcers, the emergence of type 2 diabetes in children, and metabolic complications of atypical psychotropic drugs following DMICC meetings targeting these specific issues.
- Improving the measurement of diabetes biomarkers, such as HbA1c, C-peptide, and insulin, for assessing risk and monitoring treatment and disease status.

## **What Are the Next Steps for the DMICC?**

- The DMICC continues to improve the dissemination of information about diabetes and enhance coordination of federal efforts to advance diabetes research and improve the health of Americans with or at risk for diabetes.
- Future meetings will focus on new opportunities for collaboration, forging new partnerships, and strategic planning to understand, prevent, and treat diabetes in the U.S.

**For more information about the DMICC, visit:**

*<http://www.diabetescommittee.gov>.*

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