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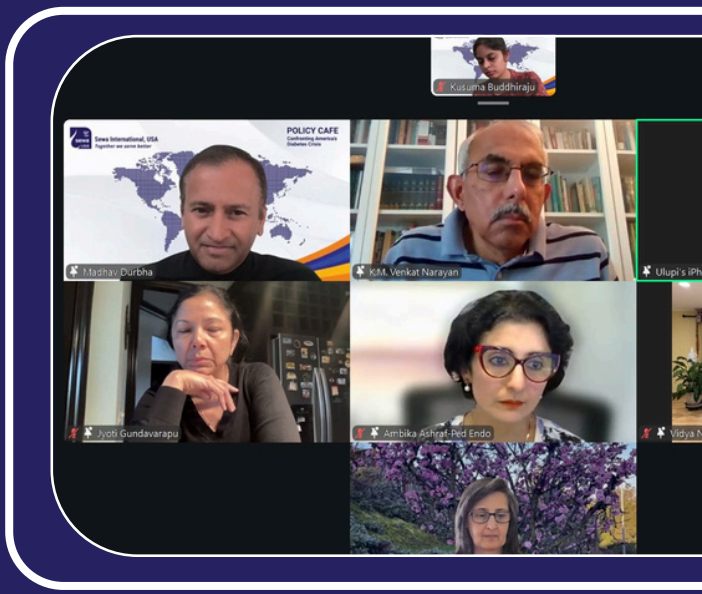
EVENT REPORT

PREVENTING DIABETES:

Policy, Lifestyle, and Community

25 March 2026



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WHY THIS CONVERSATION MATTERS?

Diabetes today represents one of the most pressing and complex public health challenges in the United States. With over 37 million individuals living with diabetes and nearly 96 million with prediabetes, the scale of the issue is both urgent and expanding.

However, the challenge is not simply medical; it is systemic.

Type 2 diabetes is strongly linked to modifiable risk factors such as sedentary lifestyles, poor nutrition environments, chronic stress, and lack of access to preventive care. Yet, despite decades of awareness, the burden continues to grow. This points to a deeper issue: diabetes is not just a condition of individual behavior, but a reflection of how systems shape everyday choices.

Diabetes-related healthcare costs and productivity losses continue to rise, placing a strain not only on individuals and families but also on healthcare systems and public resources.

At the same time, evidence clearly demonstrates that prevention is possible. Structured lifestyle interventions can reduce diabetes incidence by up to 58%.

This Policy Cafe by Sewa International USA was convened to move beyond awareness toward actionable, cross-sector solutions. By bringing together clinicians, researchers, community leaders, and policy thinkers, the discussion explored how policy frameworks and community-driven models can work together to make prevention more accessible, scalable, and equitable.

HOST & MODERATORS

Srikanth Gundavarapu

Entrepreneur and civic leader based in Atlanta. Former Chapter President and key leader during Sewa International USA's COVID-19 relief efforts, contributing to large-scale emergency food distribution initiatives.

Kusuma Buddhiraju

An economic policy and analytics leader pursuing a Master's in Public Administration from Columbia University. Has over a decade of experience bridging rigorous data analysis with real-world policy and institutional reform.

Dipti Desai

Dipti Desai has over 20 years of experience in IT and is currently the Business Analyst Manager at the University of Chicago. Outside of work, she is an enthusiastic volunteer making a positive impact in the community.

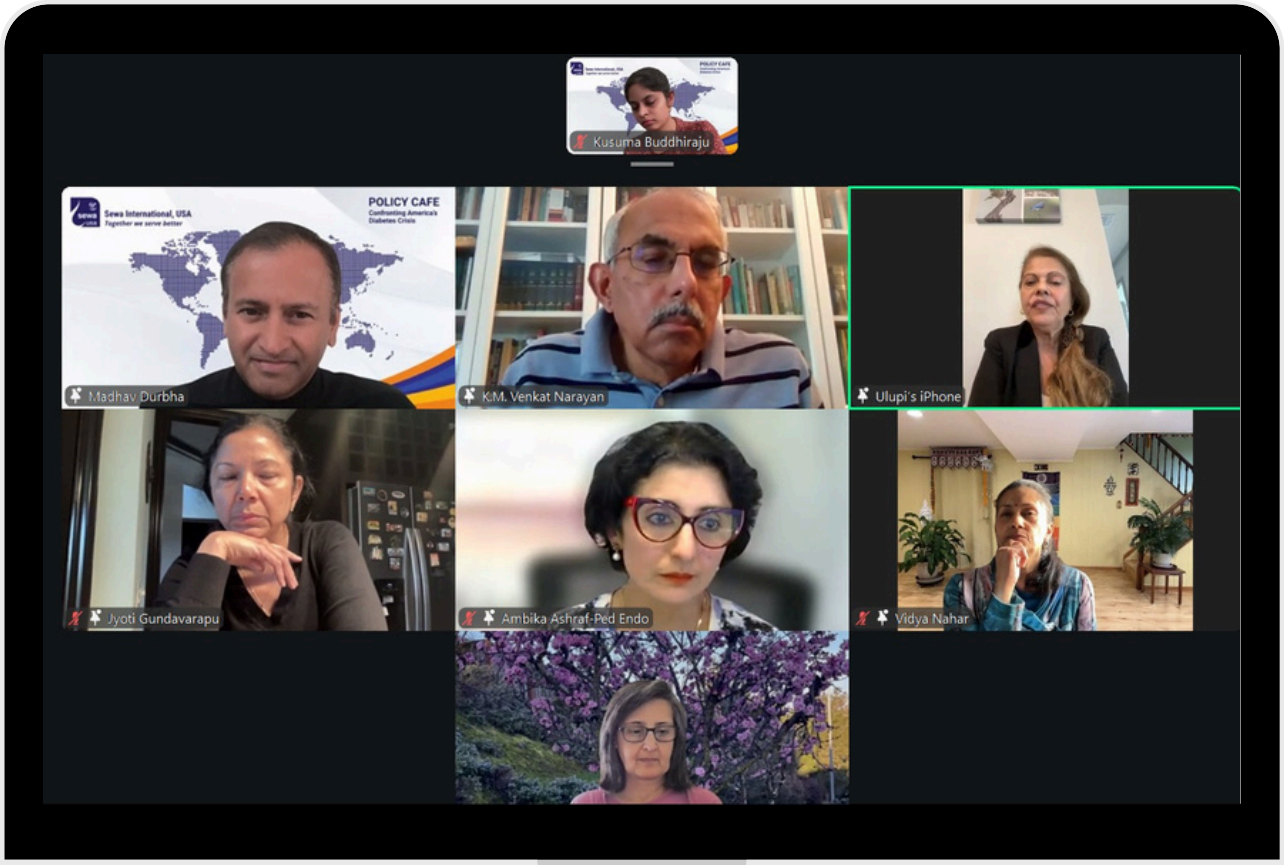
Dr. Madhav Durbha

Startup investor, nonprofit leader, and supply chain technology executive, with over 25 years of experience. Former President of Sewa's Atlanta Chapter, with extensive work across health, education, and community initiatives.

THEMES

THEME 1:
POLICY AND FINANCING FOR TYPE 2 DIABETES PREVENTION

THEME 2:
COMMUNITY WELLNESS AND LIFESTYLE CHANGE



MEET OUR PANELISTS

Dr. Ambika P. Ashraf

Professor of Pediatrics and Division Director of Pediatric Endocrinology at the University of Alabama at Birmingham, and Associate Director of its Comprehensive Diabetes Centre. Focuses on pediatric obesity, type 2 diabetes, and metabolic health.

Dr. Ulupi Choksi

An endocrinologist with over 20 years of experience in diabetes and metabolic disorders. She trained at Seth G.S. Medical College, Cook County Hospital, and MD Anderson Cancer Center. Currently practices at Baylor St. Luke's Medical Group in The Woodlands, Texas.

Dr. Jyothirmayi Gundavarapu

Received her medical degree from Gandhi Medical College and has been in practice for more than 20 years. She has expertise in treating coronary artery disease, diabetes, hypertension, and related conditions.

Dr. Alka Kanaya

A clinician-researcher in type 2 diabetes and obesity, leading the MASALA South Asian cohort on diabetes and cardiovascular disease. Has led NIH- and AHA-funded studies, including trials on lifestype change and prevention strategies.

Vidya Nahar

Over 45 years of yoga practice, and has been teaching since 2004 in Chicago through VYAYAM.com. An active community leader, she serves on Sewa Chicago's advisory board and supports several cultural and community organizations.

Dr. Venkat Narayan

An Executive Director of the Emory Global Diabetes Research Center, Professor of Global Health at Emory University, and a member of the US National Academy of Medicine. His work spans diabetes epidemiology, pathophysiology, and public health.

MOMENTS THAT MATTERED

"Diabetes Prevention begins from the period a child stays in the mother's womb." -Dr. Ambika Ashraf

1. Prevention Begins Before Birth: Dr. Ambika Ashraf (Division Director of Pediatric Endocrinology, University of Alabama)

The panel emphasized early-life determinants, highlighting how metabolic risk begins as early as the prenatal stage. Maternal health, nutrition, and early environmental exposures shape long-term outcomes, urging a lifecycle approach to prevention.

"Type 2 diabetes is a silent disease; we often discover it incidentally during routine exams." -Dr. Ulupi Choksi

2. Diabetes Is a Silent and Systemic Condition: Dr. Ulupi Choksi (Endocrinologist, Baylor St. Luke's Medical Group, Texas)

The discussion opened by challenging a common assumption, that serious illness always comes with visible warning signs. Diabetes often develops quietly and goes unnoticed until detected through routine screening. This shifts the focus from reactive treatment to proactive detection and continuous monitoring. It also reinforces the need to rethink how we define "feeling healthy" in the absence of symptoms.

"Poor sleep patterns and late-night habits disrupt metabolism, increasing long-term risk of insulin resistance and Type 2 diabetes." -Dr. Jyothirmayi Gundavarapu

3. Structural Inequities Drive Risk: Dr. Jyothirmayi Gundavarapu (Internal Medicine Education & Training, Marietta, Georgia)

The burden of diabetes is unevenly distributed. South Asians, for instance, face disproportionately higher risks but remain underrepresented in research and policy design. This calls for more inclusive data and culturally relevant interventions.

MOMENTS THAT MATTERED

"Diabetes risk is not evenly distributed, it reflects deeper inequities. "We subsidize unhealthy food while making healthy food expensive." -Dr. Alka Kanaya

4. Policy Must Shift the Default Environment: Dr. Alka Kanaya (Professor Medicine, University of California, San Francisco)

There are significant disparities in diabetes risk across populations, noting that Native Hawaiian and Pacific Islanders face the highest risk, followed by South Asians and Filipinos. Although South Asians account for nearly 30–35% of the global diabetes burden, they represent only about 1% of participants in related research. This underrepresentation leads to misaligned diagnostic criteria and interventions that are often ineffective or insufficiently tailored to these high-risk populations.

"Prevent Diabetes begins from the shift from low carbs to slow carbs in a way your body can sustain."- Vidya Nahar

6. Biology Shapes Behavior: Vidya Nahar (Chair Yoga, Founder Director, VYAYAM, Chicago)

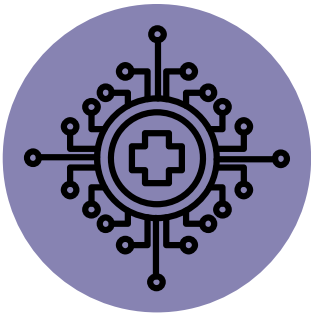
The panel challenged the notion that diabetes is purely behavioral. Hormonal responses, metabolic pathways, and genetic predispositions all influence behavior, reframing prevention as a systems challenge rather than one of willpower.

"What we call free will is often shaped by biology. The (DPP) study showed that lifestyle intervention was twice as effective as the drug Metformin." -Dr. Venkat Narayan

5. What Works Exists, But Is Not Scaled: Dr. Venkat Narayan (Executive Director, Emory Global Diabetes Research Center)

The Diabetes Prevention Program (DPP) is a proven intervention, yet its reach remains limited. Structural barriers such as weak policy support, limited integration into healthcare systems, and restricted community access hinder scale. The challenge is not discovery, but implementation.

RECOMMENDATIONS FOR STAKEHOLDERS

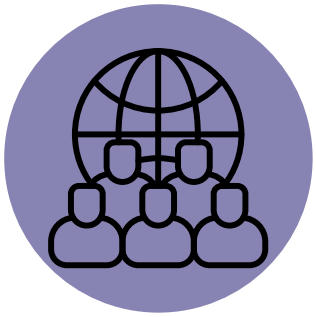


Healthcare Systems:

Expand routine screening for prediabetes and early risk markers, integrate lifestyle interventions into primary care, and adopt data-driven tools such as continuous glucose monitoring.

Policymakers:

Make funding for preventive care available, creating incentives for lifestyle intervention programs, and reform food systems through taxation, labeling, and subsidies.



Community Organizations:

Scale culturally responsive wellness programs, promote family- and community-led interventions, and build awareness around early-life and intergenerational risk.

Researchers & Academia:

Address population-specific research gaps, develop culturally tailored prevention models, and strengthen evidence on scalable interventions.

NEXT STEPS

01

Strengthening Sewa's Stop Diabetes Movement
Integrate insights into Sewa's existing programs, with a focus on prevention, awareness, and lifestyle-based interventions.

02

Building Cross-Sector Collaboration
Strengthen partnerships between healthcare providers, community organizations, and policymakers to scale prevention efforts.

03

Bridging Practice and Policy
Translate community-level insights into actionable policy recommendations, ensuring prevention frameworks are both scalable and contextually grounded.

THANK YOU!

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