

DPAC Newsletter – 2nd Quarter Issue

Equity and Accessibility for People with Diabetes: Part I

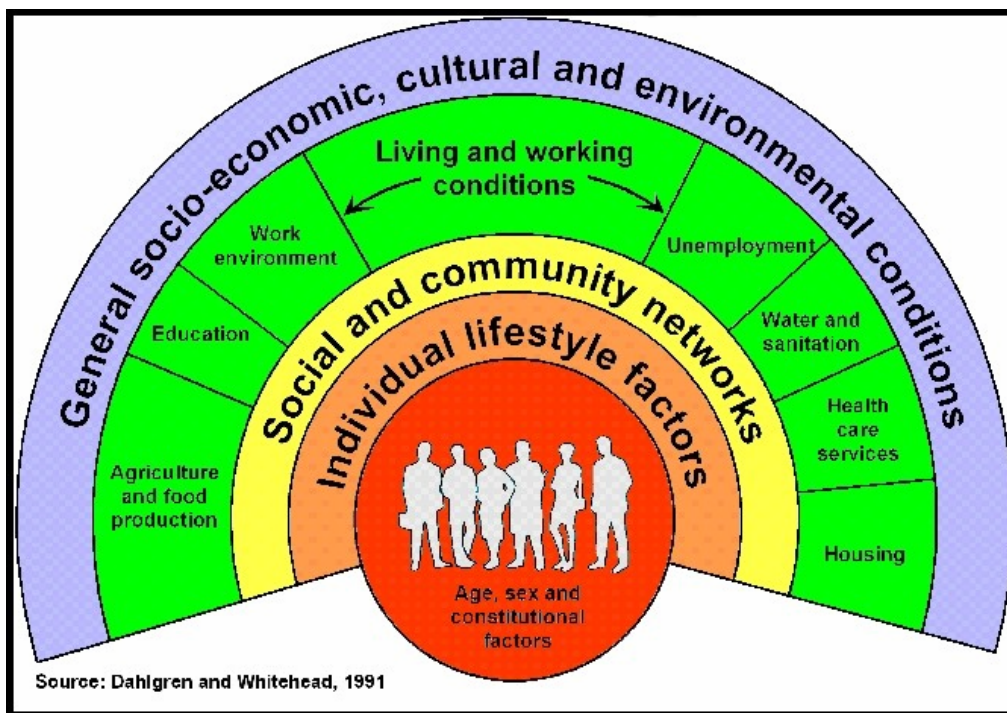
Lindsay E. White, National Kidney Foundation of Michigan

Many people consider their own health and the health of their family as a priority in life. However, health disparities present a challenge for certain populations in accessing the medical and preventive care that are necessary to maintain health.

According to the Centers for Disease Control and Prevention (CDC), health disparities are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental and geographic factors. Gaps in the quality of health and health care across different racial, ethnic, sexual and socioeconomic groups are another aspect of health disparities.

Health disparities and inequalities are mostly caused by social determinants of health (SDOH). SDOH are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices, affecting health care, education and financial security.

“The causes of health disparities—and the barriers to good health and health care—are multiple and overlapping,” says the National Partnership for Action. Many of the underlying risk factors that contribute to health disparities are the result of a host of interrelated elements that affect individuals across their lifespan, from birth to death.”



How do health disparities impact the prevalence of diabetes?

When health disparities exist in a community, they cause the rate of diabetes to rise. Many communities with health disparities have a higher incidence of obesity, poor nutrition, physical inactivity and other lifestyle choices that lead to an increase in diabetes prevalence.

An example of an important health disparity is the rate of diabetes among certain minority populations. It is estimated that 2 in 5 African-Americans and Hispanics born in the year 2000 are at risk for diabetes. The increased risk of diabetes in these two minority populations illustrates a racial disparity that has developed as a result of the SDOH that affect each of these populations.

Another example is the health of people with a lower socio-economic status compared to a higher status. Generally, people in lower socio-economic communities are more often ill and live shorter lives than wealthier people, which is largely due to the SDOH of medical care accessibility.

According to the Act on Data Group of the Diabetes Council of the National Association of Chronic Disease Directors, the following twelve SDOH data indicators have been identified as the most relevant and accessible to measure disparities related to diabetes and diabetes prevention:

1. Poverty rate
2. % families below poverty line
3. Cigarette tax
4. Education levels
5. Expenditures on health and welfare
6. Chronic disease control programs
7. Smoking cessation programs
8. Type, frequency and duration of physical activity
9. Expenditures on natural resources, parks and recreation
10. Fresh fruit and vegetable consumption
11. Number of supermarkets
12. Number of fast food restaurants

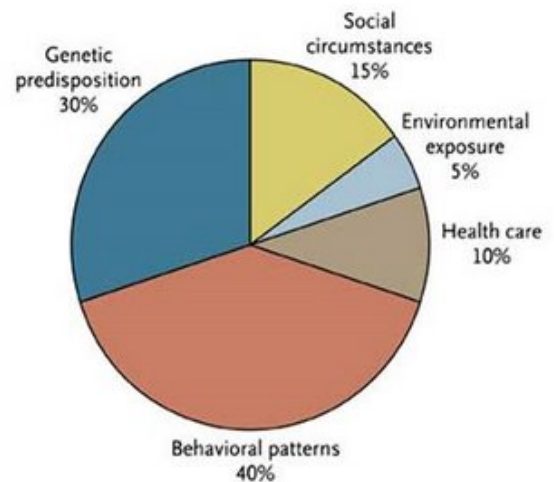
Overcoming the health disparities that a community faces requires the involvement and cooperation from the community as a whole. The NPA's *Stakeholder Strategy for Achieving Health Equity* maintains that the following strategies are necessary for reducing healthy disparities in a community. **Many of these strategies are ones that DPAC and its members strive for:** 1) increasing awareness of health disparities in a community; 2) strengthening leadership to address health disparities; 3) improving health outcomes for underserved populations; 4) refining cultural and linguistic competency of the health care workforce; and 5) maximizing data availability, research, and evaluation.

By working to improve the SDOH in a given community or population, the prevalence of diabetes can be reduced. Strategies to promote early detection, improved care and education on diabetes self-management can further help to reduce the complications of diabetes in disparate populations.

Sources:

- <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>
- <http://www.cdc.gov/omhd/AMH/factsheets/diabetes.htm#information>

Proportional Contribution to Premature Death



Source: Schroeder, Steven A. (2007). *We Can Do Better — Improving the Health of the American People*. *New England Journal of Medicine*.

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2011 Diabetes Educator of the Year - Ann Constance, MS, RD, CDE

Congratulations to Ann Constance of the Upper Peninsula Diabetes Outreach Network (UPDON) who has been named Diabetes Educator of the Year by the American Association of Diabetes Educators (AADE). Serving as Director of UPDON for over 20 years, Ann has also served as a national AADE and local MODE board member, a chair of both Advocacy Committees and a Legislative Leadership Award winner.

During her year as Diabetes Educator of the Year, Ann will be taking time out from her job at UPDON to speak about the diabetes educator's role in the patient-centered medical home.

Diabetes Data Library Updated

An excellent source of data and references on 11 diabetes topics was recently updated. Please see www.michigan.gov/diabetes for information on the following topics: diabetes prevalence and incidence in adults and children, risk factors in adults with diabetes, preventive care practices, complications, hospitalization, mortality, prediabetes, gestational diabetes incidence and costs of diabetes in Michigan.

Data, Research and Evaluation Workgroup Update

The Data, Research and Evaluation (DaRE) Workgroup has been involved in a variety of activities. At the May meeting, it was decided that each of the DaRE workgroup member would become a liaison to the other four DPAC workgroups. Liaisons will be able to assist in any workgroup project data or evaluation needs when needed. This will bring additional research expertise to each workgroup and also strengthen the effectiveness of the DaRE workgroup. DaRE will continue to meet on a regular basis and share updates. Stay tuned for further information.

DaRE recently completed two translation briefs, one on sleep and diabetes and the other on cost analysis. The briefs will be distributed to the membership shortly and will be available on the DPAC website.

Ragnhild Bundesmann, DaRE Co-Chair, retired from McLaren Regional Medical Center on June 30th. Thank you Ragni for all of your hard work and energy you have given to DPAC and to the DaRE workgroup over the years. Happy Retirement!

UPCOMING EVENTS

Oct. 6, DPAC Board Mtg.
9am-12:30pm, Lansing

October 20, DPAC Full Membership Mtg.
Kellogg Center

November 9, Diabetes Awareness Month Event, Michigan State Capitol

