Addressing disparities in diabetes care: The role of the DO

By Kenneth J. Steier, DO, MHA, MPH

Diabetes is an epidemic affecting close to 21 million people in the United States or 7% of the US population, says the National Diabetes Information Clearinghouse. It is the sixth leading cause of death.

Diabetes is also a disease plagued by serious racial disparities. African Americans, for example, are 2.5 times more likely as whites to be diagnosed with diabetes, 2.3 times more likely to need dialysis for end-stage renal disease, and 1.5 times more likely to be hospitalized with diabetes complications, says the Agency for Healthcare Research and Quality.
The prevalence of type 2 diabetes is two to three times higher among Latinos than among Caucasians. American Indians and Alaska Natives are also at higher risk.

DOs must begin to address these disparities by learning how to deliver culturally competent diabetes care. This article details the depth and extent of the problem, as well as steps DOs can take to reduce disparities within their own practices.

**Defining the problem**

Every 24 hours, 3,600 new cases of diabetes are diagnosed and close to 6,000 people die of diabetes-related complications, according to the US Centers for Disease Control and Prevention. Each day, 225 people have a diabetes-related amputation, 120 people with diabetes progress to end-stage renal disease and 55 people with diabetes become blind.

Furthermore, diabetes can lead to erectile dysfunction, renal disease, peripheral neuropathy, retinopathy and macular edema, autonomic neuropathy, hypertension, cardiovascular disease, dyslipidemia, gastropathy, and peripheral vascular disease, says the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH).

Diabetes remains the leading cause of adult blindness, kidney failure and non-traumatic amputations and a major cause of heart disease and stroke.

Minorities are especially vulnerable to the scourge of diabetes. The American Diabetes Association (ADA) projects a 20% increase in diagnosed diabetes among non-Latino Caucasians by 2020, as compared to a 50% increase in diagnosed diabetes among non-Latino African-Americans and a more than 100% increase in diagnosed diabetes among Latinos.

In years past, DOs were likely to see children with type I diabetes. Now, however, type II diabetes is more prevalent thanks to a culture transformed by fast food, television watching and lack of exercise. The American Obesity Association reports that obese children and adolescents are 12.6 times more likely than the non-obese to have high-fasting blood insulin levels. Type 2 diabetes is highly prevalent among African American and Hispanic children—especially those of Mexican descent.

**Addressing the problem**

How can DOs respond to a problem that costs the US $132 billion annually and leads to disability and premature death? Following are several short- and long-term strategies DOs can implement within their practices:

- **Accept shared responsibility.**
  Diabetes is far from being someone else’s problem. While it’s easy to lay blame and pass the buck, everyone must get involved in addressing this crisis. That includes hospitals and healthcare systems, physician practices, societies and associations, employers, payors, schools, churches and consumers.

- **Work for widespread, long-term change.**
  Join forces with schools, local community groups and local government to substitute high-fat, convenience foods with fruits and vegetables, offer non-punitive weight checks, and create shared physical activities.

- **Do the right tests at the right time.**
  At minimum, perform a foot exam and check blood pressure at each patient visit. Every three to six months, check HgbA1C. Every year, conduct an eye exam and check lipid levels and microalbumin.

- **Pursue an aggressive, vigilant program of treatment.**
  Several broad strategies apply. Define target goals, deliver clear education, monitor glycemic control, work with patients to modify lifestyle, and offer stepwise and combination drug therapy. A 1991 study in *Diabetes Care* revealed that when Latino and Caucasian patients with diabetes achieved similar levels of glucose control, they had a similar incidence of complications such as retinopathy.

- **Focus on prevention.**
  Some 41 million Americans aged 40 to 74 are afflicted with prediabetes, according to the ADA. In a study of 3,000 pre-diabetics the National Diabetes Education Program (NDEP) discovered that diet, exercise and moderate weight loss decreased the incidence of developing diabetes by close to 60%.

- **Make patient information understandable and accessible to minority populations.**
  Provide patient handouts, maps and signage in Spanish or other commonly used languages. If possible, use a
churches, or use church facilities as locations for simple health screenings or health fairs. Remember, clergy are opinion leaders in minority communities. Tap their expertise in roundtable discussions or town meetings on healthcare issues.

Offer specific advice on food and cooking.
Coach patients on how to limit portions, cook healthy, reduce salt and sugar, and add lower-cost fruits and vegetables to their diets. But make sure you adapt to the preferences and traditions of the culture. Advice on diabetic cooking is available through the American Dietetic Association and the American Diabetes Association.

Operate with compassion.
Accept all patients, regardless of their ability to pay or offer time at a community clinic. Meanwhile, contribute your voice to the quest for sustainable state and national healthcare reform.

References and resources
- Centers for Disease Control and Prevention Diabetes Public Health Resources
  www.cdc.gov/diabetes/
- Office of Minority Health
  www.omhrc.gov
- American Diabetes Association
  www.diabetes.org
- Agency for Healthcare Research and Quality
  www.ahrq.gov
- National Diabetes Information Clearinghouse
  diabetes.niddk.nih.gov/
- National Diabetes Education Program
  ndep.nih.gov/
- American Obesity Association
  www.obesity.org
- National Institute of Diabetes and Digestive and Kidney Diseases
  www.niddk.nih.gov
- Your Disease Risk (click on diabetes)
  www.yourdiseaserisk.harvard.edu/
- Diabetes Risk Test
  (American Diabetes Association)
  www.diabetes.org/risk-test.jsp
- American Dietetic Association
  www.eatright.org

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