



# If Not Us, Who?

## Curbing the Diabetes Epidemic Requires a Person-Centered Approach

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I know from personal experience how challenging it can be to navigate the health care system. My mother was diagnosed with diabetes at an early age, and as the oldest daughter in a large family, it was up to me to coordinate her care that included frequent hospital stays. I often was frustrated with the fragmented system we found ourselves in, particularly as her condition continued to worsen. The experience convinced me that something had to be done.

My mother passed away from complications related to her diabetes. She would have been proud knowing I — along with my colleagues — am fighting for innovative solutions to chronic health conditions. As the seventh leading cause of death in the United States,<sup>1</sup> and the leading cause of kidney failure, adult blindness and lower-extremity amputations,<sup>2</sup> there's no question that diabetes is a serious public health issue. According to the Centers for Disease Control and Prevention, 29 million Americans, or 9.3 percent of the adult population, live with diabetes.

Together, the direct and indirect costs of diabetes and related complications exacted a toll of \$245 billion on our nation's economy in 2012, according to the latest five-year study by the American Diabetes Association. The recent upward trend in diabetes cases is also startling. Since the disease first emerged in the 1980s as a major threat to public health, the number of adults with diabetes has nearly quadrupled.

Although much can be attributed to significant advances in diabetes research and treatment, equally important is the role health care providers, community organizations, employers and policymakers have played in addressing several underlying causes of diabetes — socioeco-

omic conditions such as race, income and level of education. We must continue to take a holistic approach to public health, enabling a broad coali-

**The CDC predicts that half of all Hispanic people and African-American women are at risk of developing diabetes.**

tion of anti-diabetes advocates to move the needle in ways we haven't been able to through medical interventions alone.

### RACIAL DISPARITIES

In communities of color, diabetes incidence and mortality rates remain higher than those of non-Hispanic whites. The public health approach to diabetes never has been more important. We know that race and ethnicity play a significant role in one's propensity to develop diabetes, as evidenced by the fact that African-Americans and Hispanics are about 1.7 times more likely than whites to have diabetes. The CDC predicts that half of all Hispanic people and African-American women are at risk of developing diabetes in their lifetimes.

These racial disparities also are prevalent in



Lorraine Tuson



children: A study conducted by the CDC and the National Institutes of Health found that although white children and adolescents are developing new cases of Type 1 diabetes at a higher rate than any other ethnic or racial group, new cases of Type 2 diabetes among youth ages 10-19 are more widespread among racial and ethnic minorities than whites. Bearing these disparities in mind, it's clear that any effort to tackle the diabetes epidemic must include a targeted strategy for minority populations.

Ascension's legacy of serving all people leads our advocacy of programs and policies that expand health care access and coverage, particularly for communities of color. As the largest nonprofit health system in the U.S. and the world's largest Catholic health system, we can use our scale and scope, leveraging all we know about health and health care, to relentlessly pursue the goal of the greatest amount of health care access and coverage for individuals in the communities we serve.

Community-based care models are providing the critical infrastructure we need to serve our nation's most vulnerable and improve the health of all individuals. By working with local leaders, we're committed to getting more Americans covered for the care they deserve. But we realize that access and coverage alone are not enough to guarantee better health outcomes; we also must build a culture of health in our communities and deliver on our promise of "Healthcare that works, healthcare that is safe, and healthcare that leaves no one behind, for life."

### EDUCATION KEY TO PREVENTION

The good news is that there are several ways to educate communities on strategies that will significantly reduce their risk of developing diabetes. The first and simplest way is by promoting a healthy diet, exercise, medication compliance and frequent monitoring of the blood glucose levels.

Making these important lifestyle changes might not be as daunting as previously thought. According to a 2016 study from researchers with the Harvard T.H. Chan School of Public Health, even moderate shifts to a plant-based diet can play a significant role in reducing the incidence of Type 2 diabetes — by up to 34 percent.<sup>3</sup>

Diabetes education also has made strides in incorporating hands-on programs to more effec-

tively teach self-management. At Ascension, we are working to embed tools such as the U.S. Department of Agriculture's MyPlate healthy eating guide into diabetes curricula across our network of 141 hospitals in 24 states and the District of Columbia. MyPlate is an interactive application that allows patients to practice choosing what

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they put on their dinner plate to focus on healthy foods and proper portion sizes. By visualizing the different ways they can structure their diet to maintain healthy blood glucose levels, patients are more likely to sustain the lifestyle changes that can prevent or help effectively manage diabetes.<sup>4</sup>

### TECHNOLOGICAL ADVANCES

That's not to say significant developments aren't happening within the health care field to help fight diabetes and improve the quality of life of diabetes patients. After all, diabetes management and prevention require more than just maintaining a healthy diet and exercising regularly.

For example, in October 2016, the Food and Drug Administration approved Medtronic's MiniMed 670G hybrid closed loop system, the first automated insulin delivery device for people with Type 1 diabetes.<sup>5</sup> The device, known as an "artificial pancreas," automatically monitors glucose levels and provides a continuous rate of background insulin. It's quite effective. A 2013 study from Australia found that using such "smart pumps" to deliver insulin reduces the number of hypoglycemia incidents by closely monitoring a patient's blood sugar and cutting off insulin delivery if blood sugar levels become dangerously low.<sup>6</sup>

With a likely price tag of more than \$7,000,<sup>7</sup> however, the MiniMed is costly, and we applaud the many insurers providing adequate coverage to help make such devices accessible to their customers. We must keep putting pressure on both public and private insurance providers that have yet to do so, so all patients, regardless of their financial footing, can benefit from these important new technologies.



## WHERE WE GO FROM HERE

As we continue to refine our strategies for diabetes prevention and develop innovative new methods of treatment, we also must work to address the barriers that keep too many people from accessing the diabetes care they need and deserve. We know that diabetes can be prevented or managed with exercise and proper nutrition, but it's difficult to go for a run around the block in a high-crime neighborhood. And it's challenging to find fresh fruits and vegetables when you live in a food desert.<sup>8</sup> That's why we all must marshal our communities' support of policies that help create a culture of health and wellness.

On the part of health care providers, such work will require an inclusive approach to care that considers the needs of the whole person. We must get to know those we serve on an individual, holistic level — not prescribe a one-size-fits-all approach — if we intend to truly improve their health outcomes. That means providing patients with relevant, reliable information that empowers and engages them to make choices for a healthier life. And it also requires us to be advocates for our patients and ensure that every person has access to the resources that will improve his or her quality of life.

Diabetes is just one example of the chronic conditions that burden our health care system but can be prevented or alleviated through interventions that build a culture of health, deliver compassionate, personalized care and advance policies that make healthy lifestyles viable. By breaking down barriers to external factors that influence health and by keeping the care of the individual person at the center of everything we do, we can make the greatest impact in our fight against diabetes.

Faith-based providers, in particular, must answer the call for compassionate diabetes care that puts the person first and makes our health care system more responsive to their unique needs. I am confident we can curb the diabetes epidemic for good — and for everyone — if we remain focused on and motivated by the question, “If not us, who?”

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## NOTES

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