

Controlling Diabetes

Impact of Diabetes in Rural Northern California

- Diabetes is a leading cause of disability and death in far Northern California, affecting about 15.0% of adults.¹ Overall, the prevalence of Diabetes in rural areas is 17% higher than in urban cities.²
- Obesity and sedentary lifestyle are associated with Type 2 Diabetes.³ These factors are significant in rural areas as more than 2 in 3 adults are overweight (34.0%) or obese (34.8%).⁴
- It is common for individuals with diabetes to have additional chronic health problems. More than 80% of Medicaid enrollees with diabetes have at least one additional chronic illness.⁵
- The average medical expenditures among people with diabetes are more than twice that of people without diabetes.⁶

How Health Centers Provide the Necessary Care

Clinical Interventions

- Use a continually updated registry to plan and track care for diabetic patients.
- Implement pre-visit summary reports to review the needs of patients coming to the health center to ensure that patient care is in accordance with clinical guidelines.
- Follow evidence-based clinical guidelines on retinal screening, foot care, lab testing, and glycemic management including improved support for patient self-management.
- Redesign clinical practice to encourage group visits for diabetic patients, nurse-led education and self-managements visits, and medical assistant led foot exams.
- Utilize care coordinators and promotores to monitor the health of patients and coordinate care during any encounter with a patient, even visits unrelated to diabetes.

Community Interventions

- Screen adults with high blood pressure (> 139/89) for type 2 diabetes at health fairs.
- Teach at-risk adults how to incorporate physical activity into their daily routines. Set up walking groups or other programs to support positive behavior change.
- Provide access to fresh foods through farmers markets and offer nutrition education.

¹California Health Interview Survey. CHIS 2018 Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research.

[Note: "Far northern California" = all counties in the Northwest and Northeast HEDIS reporting regions for Partnership HealthPlan of California: Del Norte, Humboldt, Siskiyou, Trinity, Shasta, Modoc, and Lassen.]

²The Changing Landscape of Diabetes Mortality in the United States Across Region and Rurality, 1999-2016. Journal of Rural Health. 25 February 2019.

³Barnes AS. The epidemic of obesity and diabetes: trends and treatments. *Tex Heart Inst J.* 2011;38(2):142-144.

⁴California Health Interview Survey. CHIS Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research, 2018.

⁵Kaiser Commission on Medicaid and the Uninsured. The Role of Medicaid for People with Diabetes. The Henry J. Kaiser Family Foundation, Washington DC, November 2012.

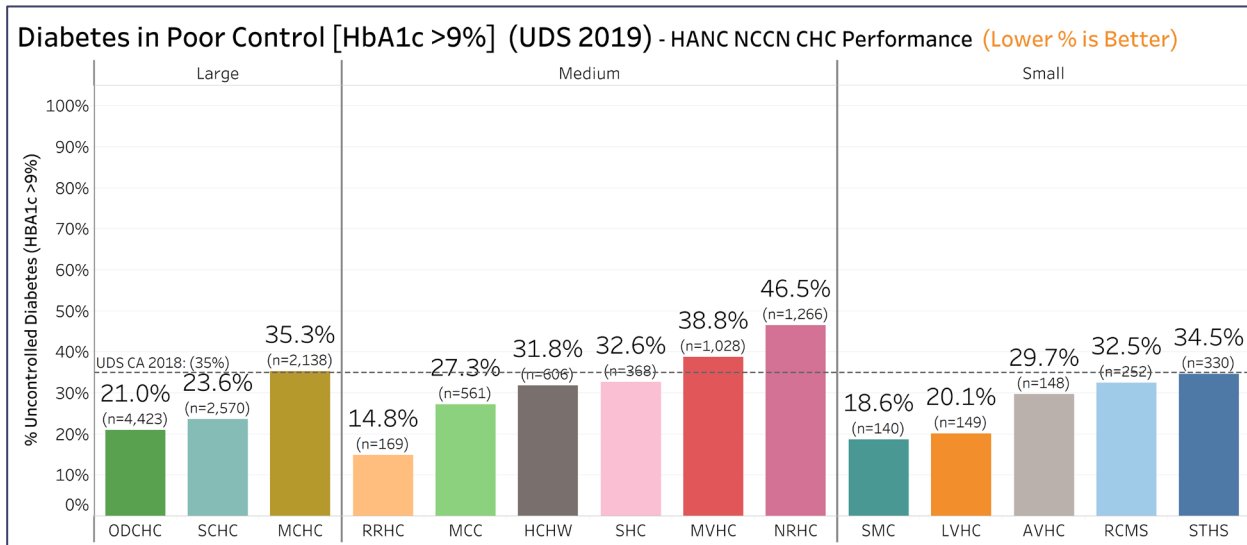
⁶American Diabetes Association. Economic Costs of Diabetes in the U.S., 2017. Diabetes Care 2018 Mar; <https://doi.org/10.2337/dci18-0007>

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Rural Northern California Health Center Data

Key Points

- Health centers in rural Northern California serve low-income and uninsured populations that are heavily affected by diabetes and other chronic health conditions. Adults with diabetes are more likely to report cost as a barrier to taking medications as prescribed.⁷
- There are significant racial/ethnic health disparities. Rates of diabetes are 2 times higher among Native Americans and adults of Hispanic origin than among whites. Lack of access to health care among migrant or seasonal farm workers places them at risk for diabetes related premature death.⁸



Quality Measure Definition (UDS)

The percentage of patients age 18-75 with diabetes who had a Hemoglobin A1c (HbA1c) test of greater than 9.0 percent or who had no test conducted during the measurement period.

- For every 1% reduction in HbA1c, the risk of developing eye, kidney, and nerve disease decreases by 40% and the risk of heart attack decreases by 14%⁹.
- Note this is a “negative” measure, which means the *lower* the number of patients with a HbA1c greater than 9.0 percent, the better the performance on the measure.

National and State Quality Benchmarks

UDS 2018 U.S. Average: The average performance among health centers across the U.S. was 32.8%.

UDS 2018 CA Average: The average performance among health centers in California was 35.0%

⁷ Kaiser Family Foundation and Peterson Center on Health Care. Health System Tracker. How Have Diabetes Costs and Outcomes Changed Over Time in United States. 15 Nov 2019.

⁸ Center for Disease Control and Prevention. National Diabetes Statistics Report. 2020.

⁹ UK Prospective Diabetes Study (UKPDS) Group. Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33)