



North Carolina's Guide to Diabetes Prevention and Management

2020

What Can Local
Communities Do?



North Carolina Diabetes Advisory Council

MANAGE WEIGHT | LIVE TOBACCO FREE | PARTICIPATE IN LIFESTYLE CHANGE PROGRAMS
PARTICIPATE IN DIABETES EDUCATION | ADHERE TO TREATMENT PLAN | GET ADEQUATE SLEEP



North Carolina's Guide to Diabetes Prevention and Management 2020

Introduction

In 2020, nearly one-half of North Carolinians have diabetes (12.5% of the population¹) or are at high risk for developing diabetes (34.5% of adults have prediabetes²). It is also projected that over 3,000 people will die directly or indirectly because of diabetes and its complications, ranking North Carolina as 7th in the nation for diabetes related deaths.³

Diabetes is a complex disease and daily self-management can be challenging. Uncontrolled diabetes is associated with serious complications (e.g., heart disease, hypertension, stroke, vision loss, kidney failure, nerve damage, depression, and hearing loss), which negatively impact quality of life for persons with diabetes. In addition to the substantial personal burden of diabetes to those who have it, and the families who also are touched by caregiving, there are substantial financial burdens to individuals, employers, health systems, and communities across the state including multiple levels of government. The annual healthcare cost of diabetes in North Carolina is estimated to surpass \$17 billion by 2025.⁴

In addressing diabetes as a complex disease and the challenges of reducing its burdens, NC must consider personal and environmental factors at individual, relationship, community, and societal levels. Our behaviors as individuals shape and are shaped by our social, economic, and policy environment. Together these terms are often grouped and referred to as the Social Determinants of Health (SDoH). In addition to caring for those who already have diabetes, preventing diabetes and related complications, if not delaying onset of the disease, is important at the individual, community, and systems level.



This Guide is organized around four levels of social and environmental concepts described by the Centers for Disease Control and Prevention (CDC) and the Socio-Ecological Model of Health (SEM) (Figure 1).

The Guide:

1. Addresses what diabetes is and what diabetes looks like in North Carolina.
2. Focuses on actions that individuals at risk for diabetes or who have diabetes, families, and peers can implement to improve the health of North Carolinians.
3. Provides specific strategies for community groups, employers, and healthcare providers to implement toward assisting people to manage their risk for developing and/or managing diabetes, including reducing risk of complications.
4. Shares opportunities to focus on what we can do in our various communities to reduce the burden of diabetes, and the evolving role for our broader society including policy and advocacy in North Carolina.

Statistics Used in this Guide: Throughout this Guide, we have made every effort to cite the most recent statistics available at the time of going to press.

The Guide's mission is to reduce the burden of diabetes in North Carolina. The North Carolina Diabetes Advisory Council (NC DAC) hopes that the information presented in the Guide will increase understanding of the impact of diabetes in North Carolina for our audience (or readers), and what we as individuals, families, and our communities across the state can do to reduce these burdens.

This Guide is also a **Call to Action** to prevent and manage diabetes. After reading it, we hope you will join the NC DAC in our mission to make a difference.

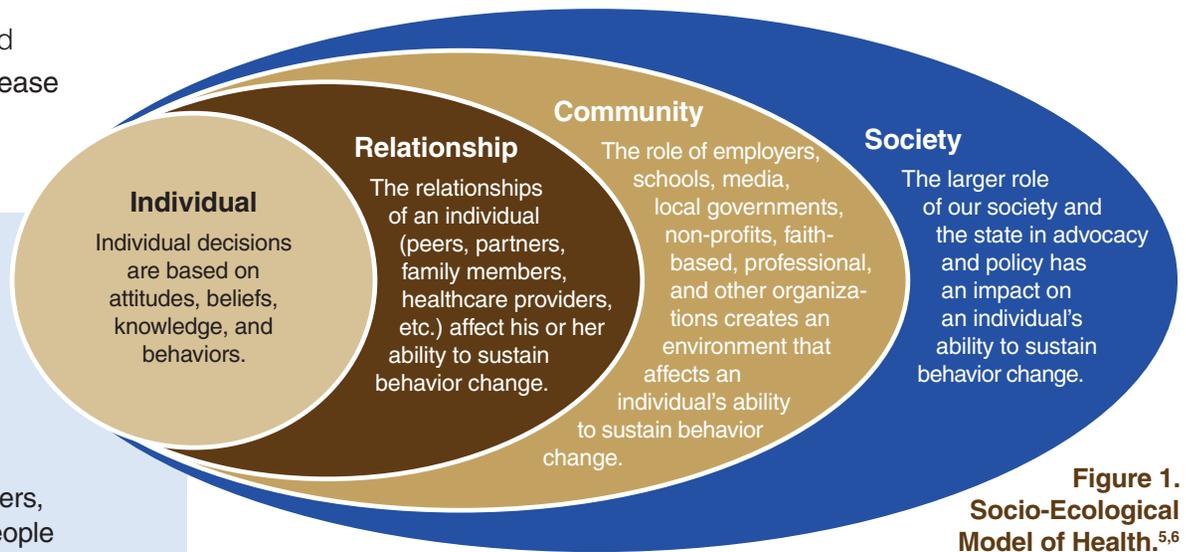


Figure 1.
Socio-Ecological Model of Health.^{5,6}

Modeling the Language of Diabetes

Words matter in diabetes care and management. Persons diagnosed with prediabetes or diabetes communicate and engage with their healthcare team, families, friends, employers, communities, etc., in order to successfully manage their diabetes. Language is the tool that makes effective communication possible and supports the person with diabetes on this journey. All language should be person centric. Words that promote inclusion, respect, positivity, and acceptance without judgment fosters collaboration between persons with or at risk for diabetes and their healthcare team.

Throughout this guide we will model language that enhances written and spoken communication when discussing diabetes. We have added the research recommendations from the joint task force of the American Diabetes Association (ADA) and the Association of Diabetes Care and Education Specialists (ADCES) that addresses language best practices in the delivery of diabetes care and diabetes self-care management education and support (DSMES).⁷

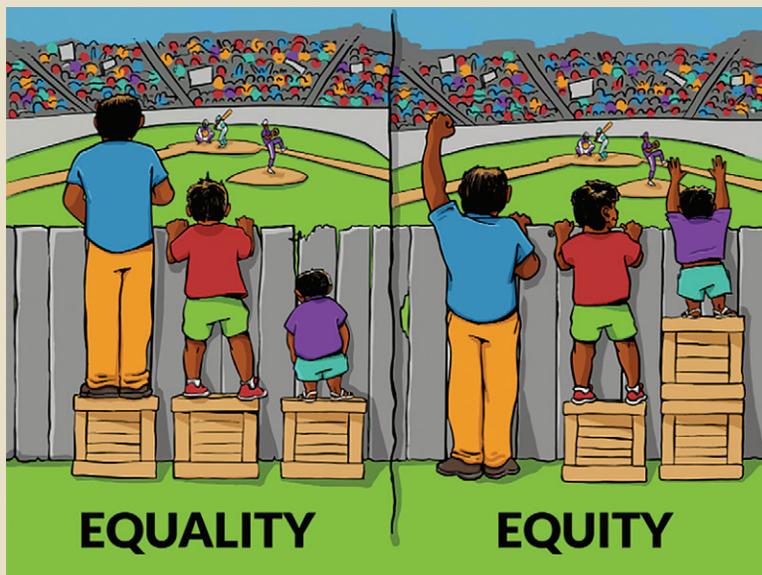
Importance of Social Determinants of Health and Health Equity to Prevent and Manage Diabetes

Traditionally, public health and healthcare agencies have focused on understanding and addressing **health disparities**, that is, alleviating the gap in health outcomes and/or processes of care between different groups of people.⁹⁹ With racial/ethnic health disparities, health disparities have been defined as the difference in both outcomes and healthcare processes of care between non-Hispanic Whites and racial and ethnic minority groups. For diabetes, racial and ethnic health disparities have been pronounced and persistent, particularly for African Americans, American Indians and Hispanics/Latinx.¹¹

Recently, the focus has shifted to **health equity**, defined as the achievement of the highest level of health for all people.¹⁰⁰ Health equity requires that efforts are made to address factors such as racism and power imbalances and to focus attention on “upstream” issues that contribute to the long-standing health disparities that exist in our society. Health equity also requires that extra efforts must be made to achieve this goal among our most vulnerable populations (Figure 5).



Figure 5. Equity and Equality



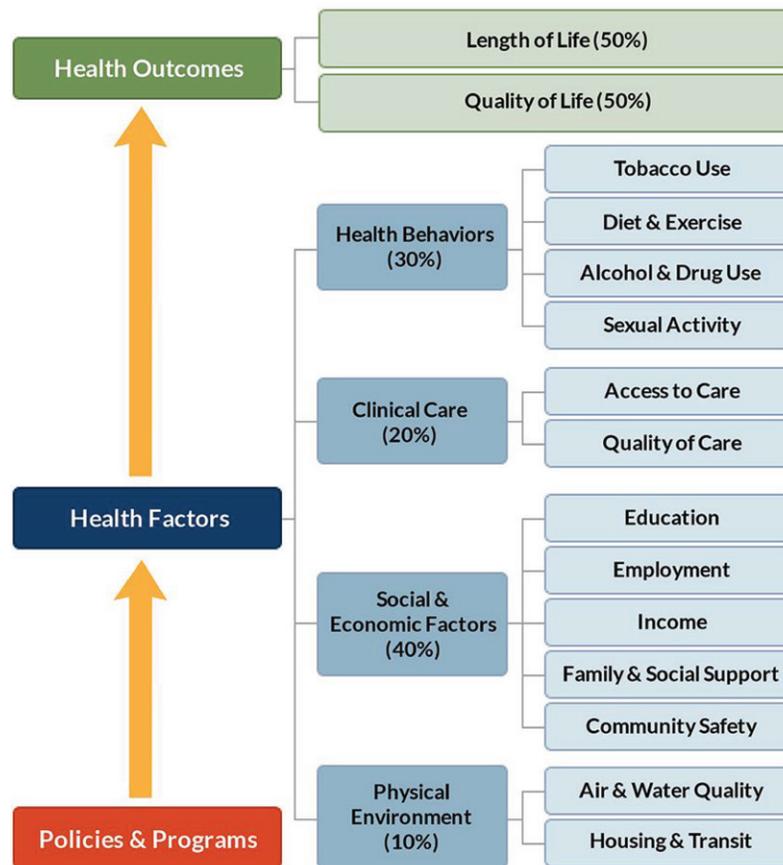
Interaction Institute for Social Change | Artist: Angus Maguire.

To that end, greater emphasis is being placed on these “upstream” issues, known as the **social determinants of health (SDOH)**, which are conditions in which people live, learn, work, and play and how those conditions affect health risks and outcomes. Social and economic factors are believed to contribute to 40% of the quality and length of life in communities¹⁰¹ (Figure 6). The 2018 Health Equity Report released by the North Carolina Office of Minority Health and Health Disparities²⁹ and the recently released Healthy North Carolina 2030 Report¹⁰² focused on the drivers of health as outlined in the County Health Rankings Model (Figure 6).

There is strong evidence that diabetes prevention and management is influenced by the social determinants of health.¹⁰⁴ Disparities in diabetes indicators are very prominent across educational, economic and geographic groups, with the greatest burden experienced by those

with limited formal education, those living below the poverty line and those living in rural communities with limited access to healthcare and resources to live healthy lives. In order to be as effective as possible in achieving our goals to reduce the burden of diabetes in our state, it is incumbent upon us to both recognize the impact of social determinants on diabetes prevention and management, but to also work collectively to ensure that health equity can be achieved through a concerted focus on the upstream factors.

Figure 6. County Health Rankings Population Health Model¹⁰³



County Health Rankings model © 2014 UWPPI

Working to Address Social Determinants of Health and Health Equity at Multiple Levels

There are many things that community organizations can do to help support persons with diabetes and to assist in reducing the burden of diabetes in our state. Examples of what you and the organizations you belong to can do appear in the following sections.

We use the Socioecological Model of Health (Figure 7) to serve as a bridge between the core behaviors that help individuals prevent and manage their diabetes to the policy strategies that community groups, employers and healthcare providers can implement to support diabetes prevention and management.

Based on the socioecological model (SEM), the individual who is at risk for or who has diabetes will need to follow the behaviors previously described to protect their individual health. The interpersonal relationships that they have with their families and friends influence their behaviors. This prevention and management Guide does not address actions for friends and families because a variety of websites exist that support people with and at risk for diabetes (e.g., **Diabetes Sisters**, **Children with Diabetes**, **Taking Control of your Diabetes**). A list of these websites is included as Appendix A.

The population-based strategies that follow are those that organizations can implement to support individuals in the prevention of

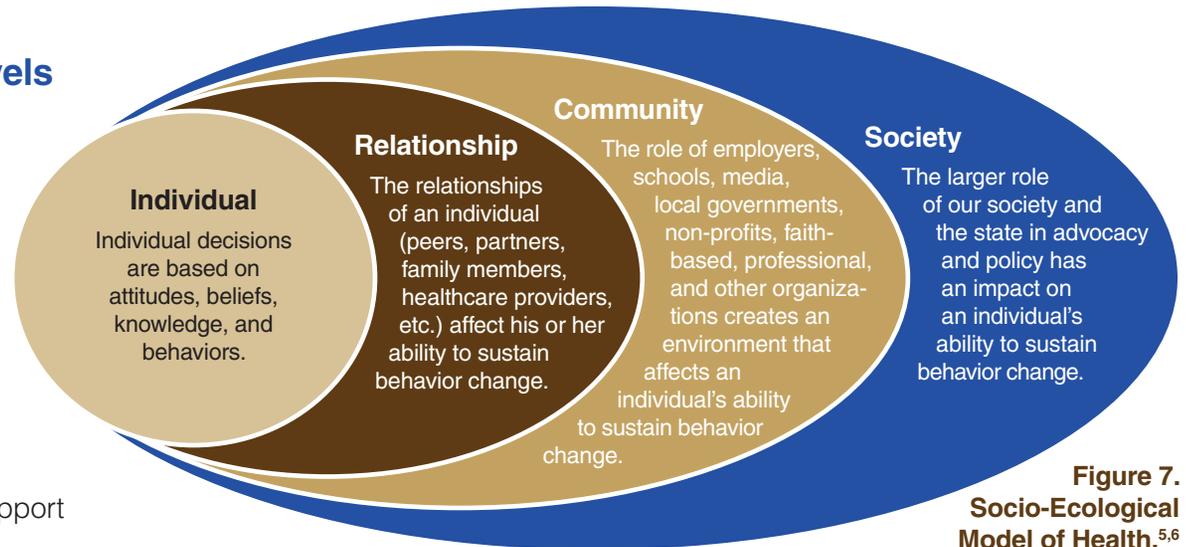
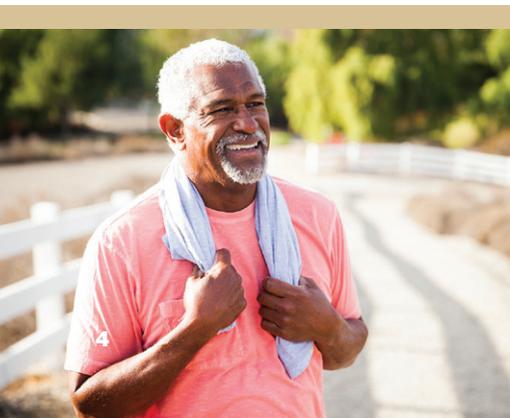


Figure 7.
Socio-Ecological Model of Health.^{5,6}

diabetes and its complications. The list of activities builds on primary prevention activities. The list is organized by the group that can initiate the action (community, healthcare, employer, society) and is shown according to the stages of diabetes prevention and management. A description of each group is provided prior to the list of strategies.

Taken as a whole these and other strategies help the state, community groups and other agencies use the principles of population health and risk stratification to complement what healthcare providers do in assisting individuals with or at risk for diabetes—thereby helping to reduce the burden of diabetes far beyond an individual or family.



Individual

Individual decisions are based on attitudes, beliefs, knowledge and behaviors.

Relationship

The relationships of an individual (peers, partners, family members, healthcare providers) affect their ability to sustain behavior.

Community

The role of employers, schools, media, local governments, non-profits, faith-based, professional and other associations creates an environment that supports an individual's ability to sustain behavior change.

Society

The larger role of our society and the state in advocacy and policy has an impact on an individual's ability to sustain behavior change.

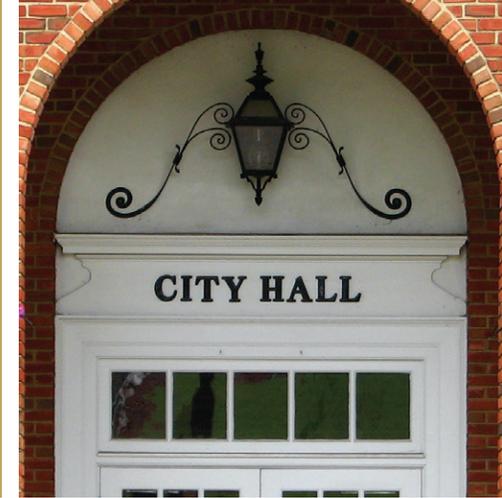


Taken together, the socioecological model, social determinants of health and health equity provide cues towards what organizations can do towards addressing diabetes. Working together always accomplishes more long-lasting change than individual efforts. The following sections of the Guide address what “Community” and “Society” might accomplish. We all should consider these statements that focus on solutions rather than problems¹⁰⁵ as we figure out how to collaborate.

1. Health starts long before illness, in our homes, schools and jobs.
2. All people should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
3. Your neighborhood or job should not be hazardous to your health.
4. Your opportunity for health starts long before you need medical care.
5. Health begins where we live, learn, work and play.
6. The opportunity for health begins in our families, neighborhoods, schools, and jobs.

What Can Local Communities Do?

Community action is seen as necessary to the success of healthcare transformation. Communities that act through public participation on issues that affect their well-being see more relevant outcomes. Local knowledge and skills need to be equally valued in the planning and decision-making process to ensure that outcomes are aligned with communities' needs and assets. Integration of members of the community including local faith organizations, health departments, community health workers, and health systems in the planning process can help lead to more successful changes.¹⁰⁶



Supportive environments where we are born, grow, work, and play, are known to promote well-being and prevent chronic disease by being stable, safe, enjoyable, stimulating, and satisfying. Such environments are important in promoting active living and preventing diabetes. Healthy environments are what we make them, and we all have a role to play through our communities, schools, workplace, healthcare system, local governments, and the media.¹⁰²

Community groups, faith, non-faith based and non-profit organizations, all play an important role in building healthy environments and can have a meaningful impact on preventing diabetes or assisting those who have diabetes have healthier lives. Highlighted barriers for populations at high risk for diabetes include not having safe walking areas, green space, adequate lighting, and opportunities for social interaction and public transportation to

promote active living. Supportive social and community environments that increase social interactions are known to decrease depression, a highly linked comorbidity of diabetes. Communities with easy access to local grocery stores with fresh fruit and vegetables support more healthful diets.

Community has many components. Here we will outline what a few sectors of community can do—schools, media, local governments, faith-based organizations, non-profits/other organizations. Other sectors such as what healthcare providers, insurers, and employers and can do on a population-based or community perspective—separately from the direct care of persons with diabetes—are also covered in the What Can Local Communities Do? (p. 30), What Can Healthcare Providers and Insurers Do? (p. 34), and What Can Employers Do? (p. 40) sections of this Guide.

Schools, Community Colleges, and Universities

Though schools and universities belong to the larger area of communities, there are some specific actions schools can do to affect the health and wellbeing of their students and families. Healthy lifestyles start at the beginning. As children and young adults spend a large amount of time within the school walls, schools, school boards, and colleges/universities have a unique opportunity to influence the current and future health of students.

The incorporation of school nurses and/or student health services in the development of programs for those at risk for diabetes or with diabetes is essential. Educational institutions of all types should have adequate policies in place to support the diabetes prevention behaviors outlined above as well as sufficient staff, equipment and resources to provide routine and emergent care for their students who may have diabetes.

The Media

Media is important in raising the profile of diabetes, helping to educate about the disease and risk factors as well as calling attention to how widespread and serious the epidemic is. Media has a critical responsibility in educating the public and integrating the language of diabetes into their PSA's, broadcasts, and printed materials. Media coverage can turn attention to the need for additional resources to fund diabetes research and care. Persons with diabetes, healthcare providers, and community leaders should partner with media to get messages about diabetes to general and specific audiences that are factual, accurate, and capture the attention and passion of the receiver. Sharing personal struggles and triumphs have particular value in calling attention to the issue. Whether local or national, print or electronic (radio, TV, digital and internet) reaching those at risk for or who have diabetes is critical, but so is reaching the attention of policy makers who might be influenced by the media that then, in turn, might help determine the availability of diabetes resources.¹⁰⁷ Media also brings attention to health disparities not only about access to healthy food and physical activity but also to ensure access to healthcare and therapy including rising cost of medications such as insulin.

Local and State Government

Government at the local and state level can highly influence the health of their communities by helping to convene dialogue on a broad range of health opportunities and assist in implementing programs and policies offered not only by local and state government, but encourage community action

beyond what local government can do thereby enhancing the health and wellbeing of the entire community. Local and state government leaders can help implement these actions focused on reducing the burden of diabetes in North Carolina through partnerships, support, and distribution of this plan to communities and stakeholders.

Faith-based Organizations^{108, 109}

Faith-based organizations are central to the community and are known for their role in health promotion among their congregations, particularly in the African American population. They are poised to address health disparities as well as health equity. Faith based organizations are also recognized for their outreach in addressing health barriers (financial, social, jobs, illness, hunger, transportation, child or elder care).^{110, 111} The trust and respect that exists between faith leaders, clergy, and congregants provides a strong foundation that supports discussion, education, and support related to all aspects of diabetes.

Non-profit/Other Organizations

Non-profit organizations also represent another spoke in the wheel of community support through outreach providing food, housing, clothing, transportation, monies, computers, assistance with employment, and health. Other organizations focus on advocacy, health policy, and ongoing support for persons with diabetes. All these organizations at the local, state and national level work tirelessly in their efforts to reduce the burden and improve quality of life for North Carolinians who have prediabetes or diabetes.

North Carolina has a plan to address overweight and obesity by advocating how we balance how we eat, drink and move called **North Carolina's Plan to Address Overweight and Obesity**.¹¹² It outlines the prevalence of overweight and obesity in North Carolina, the preventable costs of obesity, the hunger-obesity paradox, and the role of the Social Determinants of Health. It outlines eight core behaviors that, if addressed at the individual, interpersonal, institutional, community, public policy, and environmental levels, would reduce overweight and obesity. Note these same behaviors prevent diabetes.

- Move more
- Eat more healthy food, less junk and fast food
- Eat more fruits and vegetables
- Drink more water. Drink fewer sugar sweetened beverages
- Sit less
- Start and continue to breastfeed
- Get enough sleep
- Manage stress



Table 4: Activities for Community Groups (Faith, Non-Faith, Non-Profit, Local Government, Media)

Diabetes Primary Prevention	Diabetes Prevention for People at High Risk	Diabetes Management and Prevention of Complications
<p>To help manage weight and/or follow healthy eating guidelines</p> <ol style="list-style-type: none"> 1. Offer free or low-cost community classes on eating healthy on a budget. 2. Ask local employers to work with food vendors who source locally. 3. Incorporate programs such as a community garden to help bring fresh foods into communities, classrooms or lunchrooms. 4. Offer DPP programs through student health at community colleges and universities, or as family classes in primary and secondary schools. 5. Regulate portion sizes. 6. Reformulate foods. 7. Encourage the availability of healthful food in public spaces, all schools and universities, community colleges and colleges, and at public events (fairs, food truck rallies). 8. Restrict the availability of unhealthy foods in public spaces, such as vending machines. 9. Tax unhealthful foods and subsidize nutritious foods. 10. Incentivize the building of supermarkets in low-income food deserts. 11. Increase participation in federal, state and local government food and nutrition programs (WIC, SNAP, CACFP), etc. 12. Engage at the local and state government levels to develop and implement policies, programs and activities designed to improve the health of North Carolinians and reduce the burden of diabetes. 13. Refer people to evidence-based weight loss programs including those offered through diabetes prevention programs, or North Carolina's Eat Smart, Move More, Weigh Less or a registered dietician nutritionist for weight management. 	<p>To help manage weight and/or participate in regular physical activity at the community level and to sustain those completing diabetes prevention programs</p> <ol style="list-style-type: none"> 1. Establish and promote walking and cycling clubs. 2. Partner with existing health and fitness facilities (e.g. YMCA, gyms, etc.). 3. Collaborate with local Cardio/Pulmonary Rehabilitation programs. <p>To help participation in diabetes prevention education programs</p> <ol style="list-style-type: none"> 1. Collect and disseminate information about local Diabetes Self-Management Education and Support (DSMES) services. 2. Partner with a sponsoring agency such as a local health department to offer diabetes prevention programs in your congregation or community center. 3. Build partnerships with local health departments and hospitals to sponsor health fairs, with diabetes risk screening and medical follow-up for those at high risk for prediabetes, and referrals to DPP. 4. Work with healthcare providers or state agencies to train Community Health Workers to screen for diabetes within communities and refer to appropriate care. 5. Promote awareness of prediabetes on national point days like Diabetes Alert Day, International Diabetes Day and Diabetes Awareness Month. 6. Partner with local public health safety net providers to offer tips for people at risk for diabetes on national point days like World Diabetes Day, Diabetes Alert Day and Diabetes Awareness Month. 	<p>To help participation in individual and/or group self-management education programs</p> <ol style="list-style-type: none"> 1. Partner with a sponsoring agency to become an expansion site to deliver Diabetes Self-Management Education and Support services. 2. Offer support groups for people who have diabetes and their caregivers. 3. Partner with hospitals to offer diabetes education to reduce hospital readmissions. 4. Partner with faith-based nursing/health groups throughout the state to offer further services within their congregations. 5. Encourage peer support programs. This may include offering of space to hold support groups, including time for peer support in community DSMES services. <p>To help persist with personalized diabetes treatment plans</p> <ol style="list-style-type: none"> 1. Raise funds for Safety Net Providers to help them offset the cost of medications and supplies for people with diabetes. 2. Promote proper diabetes care through use of posters, bulletin inserts, and sermons. 3. Create and support peer education programs targeting geographic gaps in available accredited programs.

To help manage weight and/or participate in regular physical activity

1. Advocate for walkable communities, including sidewalks, green spaces, walking trails.
2. Advocate for outdoor lighting for tracks and other recreational areas.
3. Promote comprehensive physical activity programs in schools and after school programs.
4. Offer free group physical activity in public parks.
5. Develop and implement land use and neighborhood design policies to support active lifestyles.
6. Promote worksite policies that encourage physical activity.
7. Allow shared and/or open use of facilities (e.g., school tracks).
8. Refer people to **Eat Smart, Move More, NC** for strategies to manage weight or participate in regular physical activity.

To help live tobacco free

1. Increase the tax on tobacco products
2. Limit the use of tobacco products in public spaces.
3. Support programs like **Escape the Vape** to educate about the dangers of Vaping.
4. Advocate for alternate tobacco advertising.

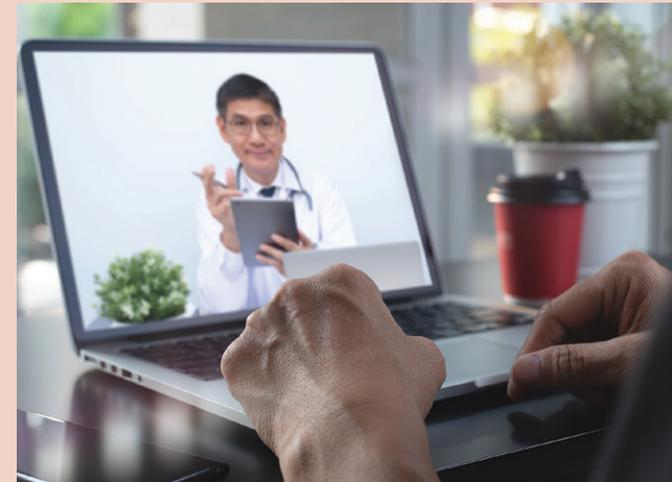
To promote adequate sleep

1. Promote sleep health for individuals.
2. Set expectations for minimal rest/sleep intervals for workers, especially those who make critical decisions (e.g. healthcare workers, transportation workers).
3. Identify additional resources to promote adequate sleep, such as those found in **Eat Smart, Move More, NC**.

Other Opportunities for Local Governments¹¹³

Consider this partial list of opportunities that your local government might do to encourage the prevention of diabetes through the encouragement of healthy body weight and adequate physical activity:

- Create complete streets and sidewalks.
- Support active transportation (walking, biking, transit).
- Develop shared and/or open use agreements so schools, libraries, and other sites can become places for community physical activity.
- Subsidize park, recreation, and fitness center memberships.
- Promote community gardens/urban agriculture.
- Encourage local stores to stock healthy foods.
- Develop licensing restrictions to reduce “food swamps.”
- Use menu/calorie labeling/appropriate portion sizes.
- Promote/support breastfeeding.
- Adopt healthy worksite policies.
- Pass a soda/sugar sweetened beverage tax.
- Offer on-site wellness programming (physical activity, nutrition, DPP) with focus on sites with at risk populations (police officers, firefighters, streets and sanitation workers, essential personnel).
- Support state Medicaid coverage for obesity treatment, National DPP, or DSMES.
- Double up food bucks for buying fruits and vegetables with SNAP at Farmers Markets.
- Provide universal healthcare and mental healthcare.
- Offer paid family leave.
- Be a leader in policy change that allows RNs and Pharmacists to be reimbursed for providing DSMES for persons who have Medicaid or private insurance in North Carolina.
- Be a leader in policy change and permanently make changes to Telehealth delivery and reimbursement of diabetes services that were approved during the COVID-19 public health emergency for Medicaid and private insurers in North Carolina.



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