

research snapshot

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Type 2 Diabetes in Vulnerable Populations



What is this research about?

Type 2 diabetes is an urgent health concern that demands a response from researchers, policymakers and health care providers. In particular, lower income groups are at a high risk for diabetes. They are also more vulnerable to higher rates of diabetes-related complications, and premature death. However, strategies for diabetes prevention continue to focus on a person's choices and lifestyle, rather than the social factors that influence health. Social determinants of health (SDOH) can impact the risk factor for diabetes, and re-frame current health prevention and services for low-income groups faced with the disease.

What did the researchers do?

The researcher held focus groups with 18 healthcare providers in Toronto. These individuals came from 3 community health centres that served diverse populations. Their communities included those who received income from low-wage jobs, social assistance, or disability support. The focus groups were asked about their experience with:

- Working on diabetes management with people earning a low income;
- The impact of current policy on health services;
- The need for and availability of services and support in the community;
- Ideas on diabetes prevention and management.

What you need to know:

Diabetes prevention and management needs more advocacy through a network of different health care partners working together. This can also help inform policy that meets the distinct needs of at risk populations for diabetes, such as low-income earners.

What did the researchers find?

Three majors themes emerged from health care providers working in community health centres.

1. Various social factors combine with a multiplied influence on diabetes risk and management.

Poverty had a major impact on peoples' ability to handle diabetes. Focus groups described the various ways poverty brought on stressful and insecure lifestyles, making diabetes more prevalent. These included spending income on housing needs rather than food, the conflict between self-care and employment demands, and expensive food. They also shared a concern on uneven access to existing services. Issues like access to transportation, delayed diagnosis and language barriers were some examples of the limits to health service for those with diabetes.

2. There is a need for responsive support at different levels of healthcare.

Various levels of health care could offer more support

to improve diabetes management for those living in poverty. At the point of care, there should be increased support for prevention and risk identifiers, as well as more advocacy and a client-centered approach. Focus groups felt that the health care system itself could be better integrated to meet the distinct needs of groups like low income earners. It could also include more access to primary healthcare. On a policy level, the focus groups felt that increased access to health benefits, health services and a move towards diabetes prevention was needed. They also felt that environmental and urban planning policies should address diabetes risk.

3. There are professional, political and societal barriers to change diabetes risk.

Focus groups felt that they encountered professional barriers at work to reduce diabetes. They found administrators and government funders focused on the number of patients seen rather than promoting prevention on a community level. As a political issue, there is little incentive for politicians to take on diabetes as a long-term priority, especially as it receives less public attention than other health problems. Economic policies as well as a lack of public knowledge on poverty issues, and their link to diabetes, also played as a major societal barrier for diabetes prevention.

How can you use this research?

This research may be useful for stakeholders working at the various levels of health care noted in this work. These include policymakers, health care providers and community workers. They may consider the research's insight on developing networks between policymakers and health care providers to improve service to diabetes patients. The research also suggests ways to integrate intersecting factors into diabetes prevention and management in communities. These include taking into account the SDOH.

About the Researchers

F. Beryl Pilkington is Associate Professor for the School of Nursing at York University.

bpilking@yorku.ca

Dennis Raphael is Professor for the School of Health Policy & Management, York University.

draphael@yorku.ca

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Knowledge Mobilization at York

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kmbunit@yorku.ca

www.researchimpact.ca

