

Canadians Living with Diabetes



In recent years, type 2 diabetes has been on the rise among low-income Canadians. Type 2 diabetes is a chronic disease in which the body fails to use or produce enough insulin, resulting in high blood glucose. It's one of the leading causes of heart attacks, and can result in blindness and chronic kidney disease. It can also be managed, if not prevented. Indeed, research suggests that poverty - one of the social determinants of health - is a major factor in the development of type 2 diabetes. The social determinants of health are those living conditions that impact on health. For example, people who lack access to healthy nutrition and exercise facilities may be more vulnerable to type 2 diabetes than others. And yet, few studies have explored the experience of living with the disease from the perspective of people on a low income.

What did the researchers do?

Researchers at York University and the University of Toronto interviewed 60 clients from local Community Health Centres regarding their day-today experiences of living with type 2 diabetes on a low income. Their goal was to shed some light on how poverty affects a person's ability to manage and prevent diabetes.

What you need to know:

Diabetes is more prevalent among the poor. Healthcare professionals, in addition to providing excellent care, must push to reduce poverty. This will optimize the management and prevention of diabetes.

What did the researchers find?

Although living with diabetes is hard, living with diabetes while poor is even harder. People with type 2 diabetes who are living on a low income have to show a lot of resilience. They experience a range of social challenges: lack of housing, lack of food, unemployment. It's conceivable based on other research that the stress due to these challenges predisposes people to developing diabetes.

Many people with type 2 diabetes find that they have to balance competing priorities. They not only have to stick to a regime of diet, exercise, medicine, and blood glucose testing, they also have to worry about more immediate concerns, like putting food on the table – never mind what food. Daily survival often takes priority over the managing of diabetes. For people with diabetes living on a low income, 'balancing' means having to choose among critically important priorities. It means having to choose between purchasing food or medication and paying the rent.







People with type 2 diabetes living on a low income often have to make the best of whichever supports and resources are available. Some have friends and families to fall back on, but others are quite isolated. Most people interviewed report that they're satisfied with their healthcare. Those with support from their healthcare providers feel better about themselves than those who don't have as supportive a relationship. Strong evidence suggests that social support leads to better physical and mental health.

While the knowledge of those with diabetes varies, most have at least a basic knowledge of how to self-manage. When patients lack resources, their ability to self-manage tends to suffer.

How can you use this research?

Nurses, doctors, and other healthcare professionals need to recognize poverty as a key factor that shapes health. They need to identify those who are at risk of the health impacts of poverty. They need to learn about their patients' personal situations – their difficulties and resources. They need to help their patients access potential resources, such as a special income supplement for their diet.

Healthcare professionals need to push for poverty reduction. Policymakers need to make the reduction of poverty a priority. Reducing poverty will increase the ability of people to manage and prevent diabetes. This will alleviate unnecessary suffering. It will also save the healthcare system enormous expenses. Professional organizations should work together toward poverty reduction to maximize the impact of their advocacy work.

About the Researchers

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