

Diabetes Education and Public Health

**American Association
of Diabetes Educators**

***Currently there
is a committee
considering
a revision of this
Position Statement**

diabetes mellitus, a condition dating back to at least 1500 BC,¹ was rare in the US until one hundred years ago.² In 1997, 10.3 million US residents, or 5.9% of the population, were known to have diabetes. This number represents a sixfold increase in prevalence since 1958. Another 5.4 million had diabetes that had not been diagnosed.³ Diabetes affects certain US populations disproportionately: American Indians, Alaskan Natives, African Americans, Hispanic/Latinos, and some Asian and Pacific Islanders.^{4,5} Type 2 diabetes is expected to become epidemic in other countries, including developing nations.² The steadily rising incidence and prevalence of diabetes and its complications, the related burden of vulnerability to increasing numbers of people and populations, and public awareness of the condition support growing recognition of diabetes as a public health disorder.⁶

PUBLIC HEALTH PERSPECTIVE ON DIABETES

A clinical view of diabetes typically focuses on individuals with diabetes and their families. Public health takes a wider view by focusing on populations.⁷ *Public health* has been defined as, “what we, as a society, do collectively to assure the conditions in which people can be healthy.”^{8(p.1)} The mission of public health offers this assurance to all members of a community or nation and is grounded in the ethics of social justice. Two of the core values of public health are prevention and community.⁸ The community lies at the heart of public health. Public health embraces the community’s priorities, providing an organizing framework for the development of

programs to address them. It encompasses the physical, mental, social, economic and spiritual health of the community⁹ and the reciprocal relationship between people and their environments.

Public health professionals strive to perform core functions of public health through assessment, policy development, and assurance. Assessment involves systematically collecting, assembling, and analyzing information on the health of populations, and the needs and priorities of communities and of the health system itself. Policy development involves advocating for public health, helping communities plan and identify local resources, building constituencies, and developing comprehensive policies to address priority health needs. Assurance involves working independently and with partners to ensure that appropriate, accessible healthcare activities are carried out, and informing and educating the public.¹¹

IMPORTANCE OF CLINICAL AND PUBLIC HEALTH SECTORS WORKING TOGETHER

Both clinical and public health perspectives are needed to reduce the impact of diabetes for individuals, families, communities, and the nation. Public health bases its population-based approaches on three levels of prevention: *primary prevention* (eg, preventing the occurrence or incidence of diabetes), *secondary prevention* (eg, preventing development of acute or chronic complications through glycemic control) and *tertiary prevention* (eg, preventing or delaying progression of complications through early detection and treatment). The growing scientific

position STATEMENT

evidence that these prevention strategies are effective in reducing undesirable outcomes of diabetes is of paramount importance to the practice of both sectors. Advocates representing clinical and public health approaches have recently been instrumental in promoting legislative action supporting diabetes prevention strategies and insurance coverage of diabetes education and self-care supplies at national and state levels. Concern for quality education and care was reflected in initial efforts (1983) by the multiagency National Diabetes Advisory Board (NDAB) to develop the "National Standards for Diabetes Self-Management Education."¹² This concern continues with leadership by voluntary organizations (eg, the American Association of Diabetes Educators, American Diabetes Association), federal agencies (eg, Health Care Financing Administration, Indian Health Service), and state health departments.

The clinical and public health approaches use different observational tools, but they both have a history of collaboration for people with diabetes. The clinical approach starts with the perspective of the individual (eg, diagnosis, treatment, and biological mechanisms of disease) and expands to a broader context of disease conditions and their management. The public health approach begins with a larger initial view (eg, epidemiological findings, such as risk factors for diabetes and its complications, health promotion, disease prevention) and then narrows the perspective to recognize the role of biological factors and clinical care in improving the health of the

community. Both approaches share their perspectives and reinforce each others' goals and activities.

INTEGRATION OF NONTRADITIONAL PARTNERS IN HOLISTIC APPROACHES

The practice of public health stimulates the development of new systems of integration among all organizations within a community whose missions have an impact on the health of the public. Many of these organizations are neither providers of clinical services nor traditional health departments but rather diverse organizations such as church groups, grassroots advocacy groups, tribal councils, and schools. Lay health advisors, or community health workers, defined as "lay people to whom others naturally turn for advice, emotional support, and tangible aid,"¹³ can serve as bridges between individuals and access to systems. Some organizations may want to consider incorporating this partnership approach, which is based on social support theory, into their efforts to reach populations in relevant ways.

RECOMMENDATIONS

Diabetes educators are encouraged to

1. Collaborate with public health agencies. Every US state and territory has a diabetes control program (DCP) that strives to impact diabetes outcomes through public health approaches, including systems-level interventions based on the ecological nature of diabetes.¹⁴ DCPs can be contacted through the state health departments or via the World Wide Web on the home page for the Centers for Disease Control and Prevention (CDC) at

<http://www.cdc.gov/diabetes>. Public health agencies can also provide relevant assistance on issues such as cardiovascular disease prevention, diet and exercise, influenza and pneumococcal vaccination, and tobacco control.

2. Build programs on scientifically grounded theories and models, and share the results with other health-care professionals involved in the care of people with diabetes. This approach serves to guide the search for modifiable factors (eg, knowledge, attitudes, self-efficacy, social support, and resources) and pave the way for development and evaluation of diabetes health promotion interventions. Programs that lack a theoretical basis tend to stand in isolation without a common framework for reference. Interventions for specific populations are particularly needed, and the specific theoretical constructs and variables important to the culture should be incorporated into planning and evaluation.¹⁵ Theories can be used that focus on the multiple environments related to diabetes influence and management (eg, social cognitive theory, diffusion of innovations) and involve communities from the beginning.¹⁶⁻¹⁸

3. Consider integrating the *Healthy People 2010* objectives in program goals. See web.health.gov/healthypeople/.

4. Research data assessment capabilities provided by the state DCP or county public health department, Indian Health Service, or the Behavioral Risk Factor Surveillance System (BRFSS), a state-conducted system using continuously conducted telephone surveys to monitor the modifiable risk factors for diabetes and other chronic diseases. Local-level data may be available on

diabetes treatment, morbidity and prevalence estimates. Many state DCPs publish state-specific data reports.

5. Participate in the National Diabetes Education Program (NDEP), a joint initiative led by the CDC and National Institutes of Health with public and private sector partners across the country. The purpose of the NDEP is to educate people with diabetes and their families; the general public; healthcare providers; and payers, purchasers, and policymakers that diabetes is serious, common, costly, and controllable. NDEP will use mass media, special population interventions, community-based interventions, and health systems approaches to increase awareness and prevent and reduce the avoidable complications of diabetes.^{20,21}

DEVELOPMENT OF THIS DOCUMENT:

This Position Statement was developed by a multidisciplinary task force of the American Association of Diabetes Educators. The following members were selected for their expertise, professional discipline, and geographical location to ensure a broad representation of perspectives and practices.

Lead Authors:

Myma Paige, MS, RD, CDE, CDN
Dawn Satterfield, RN, CDE

Writing Team:

Ann Constance, MA, RD, CDE
Kathryn Godley, RN, MS, CDE
Faye Gohre, RN
Jane Kadohiro, DrPH, APRN, CDE
Anne Kennedy
Jan Norman, RD, CDE
Ann Scott, RN, MS
Virginia Valentine, CNS, BC-ADM, CDE

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