

Diabetes and Prediabetes Awareness and Prevention

November is National Diabetes Month, when communities across the country come together to bring attention to diabetes. Diabetes is a chronic health condition that affects how the body turns food into energy, primarily through insulin levels. For those living with diabetes, their bodies either do not produce enough insulin or cannot use the insulin as well as it should. As a result, too much blood sugar stays in the bloodstream, and over time this can lead to serious health problems including heart disease, vision loss, and kidney disease.

There are three main types of diabetes – Type 1, Type 2, and Gestational. Type 1 diabetes is caused by an autoimmune reaction that prevents the body from making insulin and impacts approximately 5-10% of people with diabetes. People living with type 2 diabetes do not use insulin well and blood sugar is not kept at normal levels. This is the most common type of diabetes, impacting 90-95% of people with diabetes. Finally, gestational diabetes develops in people who are pregnant who never had diabetes before, which could put the baby at higher risk for health complications. This

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typically goes away after the baby is born but increases the risk of developing type 2 diabetes later in life. Finally, there is prediabetes, which impacts more than 88 million adults in the United States. Those who are prediabetic have blood sugar levels that are higher than normal, but not yet high enough to be diagnosed as type 2 diabetes. More than 1 in 3 adults U.S. adults have prediabetes, however 84% do not know they have it. Being prediabetic increases risk for type 2 diabetes, heart disease, and stroke.

Fortunately, those with prediabetes can take healthy steps to prevent the condition from worsening. Through healthy lifestyle changes, such as losing weight, eating healthy food, and being active, type 2 diabetes can be prevented or delayed altogether. This year, National Diabetes Month nationwide is dedicated to prediabetes and diabetic prevention. Communities across the country will be coming together to bring attention to prediabetes and preventing diabetes, encouraging people to make small healthy lifestyle changes. This includes choosing healthier foods and drinks, encouraging more movement, losing weight and keeping it off, and providing support to those looking to reverse prediabetes.

Additionally, diabetes does not impact all groups of people equally. Health disparities among racial, ethnic, geographic, and socioeconomic groups are reflected in diabetes data. Hispanic, Black, and Native communities experience significantly higher rates of diabetes than their White and Asian counterparts. This is especially important in Los Angeles County, where 48% of the population is Latinx. Nearly two out of three adults are either obese or overweight, and this issue is even more pronounced in the 3.7 million low-income residents in the County. 1 in 3 Latinx and 1 in 3 Black children are living in poverty and experiencing food insecurity, lacking access to healthy foods

and increasing the risk to develop diabetes later in life. In 2016, a Department of Public Health (Public Health) report found that Latinx and African American adults in Los Angeles County had a higher rate of diabetes than their White and Asian counterparts. In 2018, an estimated 903,000 County adults had been diagnosed with diabetes, and among them, at least 72.8% had been diagnosed with type 2. More than 2 in 5 adults had prediabetes or undiagnosed diabetes. The direct cost in diabetes treatment in the County alone was estimated to be as much as \$6 billion per year, and further exacerbated existing health disparities.

People with diabetes are also more likely to experience mental health issues. People with diabetes are two to three times more likely to have depression than people without diabetes. Unfortunately, only 25% to 50% of people with diabetes who have depression get diagnosed and treated. Additionally, 33% to 50% of people with diabetes experience diabetes distress, overwhelming feelings surrounding living with diabetes that can cause people to fall into unhealthy habits, further exacerbating the condition.

Addressing diabetes and prediabetes is even more important in light of the COVID-19 pandemic. People with diabetes are more likely to have more severe complications when infected with any virus, and COVID-19 is no exception. People with both type 1 and type 2 diabetes are more likely to get severely ill when contracting COVID-19. Additionally, the more health conditions someone has, such as heart disease complications from diabetes, the more risk is added for serious complications from COVID-19. Additionally, those with type 1 diabetes are more likely to experience diabetic ketoacidosis, which can lead to coma or death, due to complications brought about by COVID-19. Additionally, those with lower incomes and/or education levels are

also more likely to have diabetes.

Public Health activities in recent years have promoted better ways to prevent or manage diabetes, especially for type 2 diabetes. Efforts to prevent diabetes are focused on ensuring that all residents have access to the health-affirming resources needed to support active living, healthy eating, and optimal well-being. This includes eliminating food deserts and ensuring nutrition security (access to safe, affordable, and healthy foods), increasing participation in nutrition assistance programs, and improving access to safe green spaces in under-resourced communities. Partnerships with community organizations working to change policies that improve neighborhood conditions make it possible for people of all ages to eat healthy foods and engage in physical activity. For adults with prediabetes, the National Diabetes Prevention Program has become a more widely available option for facilitating lifestyle change. For those with diabetes, working closely with their doctor to manage their blood sugar, blood pressure, and cholesterol are essential strategies for preventing medical complications due to this condition.

Additionally, the Department of Health Services (DHS) offers a number of services to address diabetes. To enhance learning and social support opportunities, DHS Health Education unit offers in person and virtual group education for patients, family, and care givers via the Zoom for Healthcare platform. The Chronic Disease Self-Management Program (CDSMP) is open to adults living with chronic conditions or caring for someone diagnosed with chronic illness. Healthier Living, and its Spanish version, *Tomando Control de Su Salud* provides a 6-week series, offering the skills and tools to help participants be proactive about self-care for their condition(s) beyond the health care system. The Eat Healthy, Be Active Workshop is a nationally recognized

science-based curriculum from the Department of Health and Human Services, striving to engage patients with an abnormal Body Mass Index (BMI) in healthy eating and regular physical activity. Diabetes education is also available for patients to participate in at their primary care medical home, taught collaboratively with medical care team members to deliver treatment instructions and self-management support. DHS also hosts an annual Diabetes Day in which expert speakers share best practices and updates on diabetes management. Furthermore, the DHS Electronic Health Record (EHR) contains a diabetes patient registry which clinics use for proactive outreach to patients who have uncontrolled diabetes or have fallen out of care.

Notably, funding support for chronic disease prevention and control including for diabetes prevention and management has traditionally come from restricted state sources or from federal grant initiatives such as the *Communities Putting Prevention to Work* and the *Community Transformation Grants*. Unfortunately, as these initiatives sunset and federal funding goes away, often these prevention efforts are unable to be sustained. Historically, chronic disease prevention and control has lacked unrestricted funding at the state and local levels.

I, THEREFORE, MOVE that the Board of Supervisors:

1. Proclaim November 2021 as Los Angeles County Diabetes Awareness Month;
2. Direct the Department of Public Health to:
 - a. Incorporate diabetes awareness messaging into social media and other communication strategies during the month of November including engaging with local and ethnic media and local social media influencers for targeted awareness messaging regarding diabetes awareness in a

culturally and linguistically appropriate manner;

- b. Partner with the Los Angeles County Office of Education (LACOE) and school districts and other partners throughout the County to improve access to healthy meals at schools, including efforts to reduce food waste and connect schools to healthy food options; and provide culturally relevant messaging geared toward students and their families, including resources provided to schools to include information regarding diabetes awareness for school partners to utilize, both in class settings and as part of regular announcements;
 - c. Engage with the Alliance for Health Integration, the Department of Health Services, the Department of Mental Health, and other relevant partners to advance efforts to prevent diabetes and other comorbidities; and
 - d. Report back within 120 days on the results of the previous directives.
3. Direct the Department of Health Services to:
- a. Conduct diabetes prevention and prediabetes awareness campaigns for existing patients and visitors at DHS health clinics;
 - b. Incorporate prediabetes and diabetes awareness and prevention outreach and messaging into patient outreach efforts;
 - c. Encourage increased screening in patients who have diabetes or prediabetes, for early intervention and prevention; and
 - d. Report back within 120 days regarding any impacts of the above on patient engagement with respect to diabetes, as well as expectations for health education in CalAIM and Enhanced Care Management, specifically

including additional staff needed and when it will be submitted in the budget.

4. Direct CEO Legislative Affairs to work with the Department of Public Health and Department of Health Services to identify opportunities for advocacy for additional diabetes and chronic disease prevention funding.

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