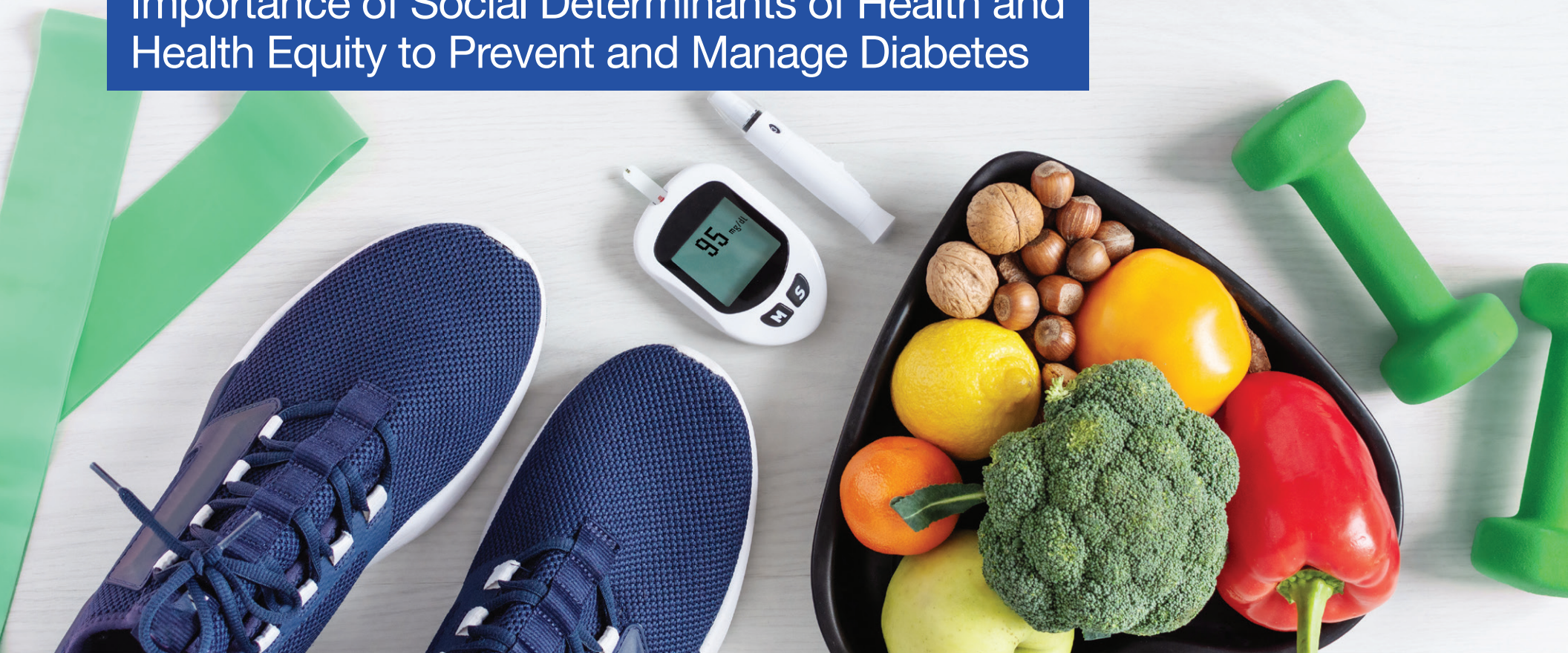


North Carolina's Guide to Prevention and Management of Diabetes **3rd Edition**



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



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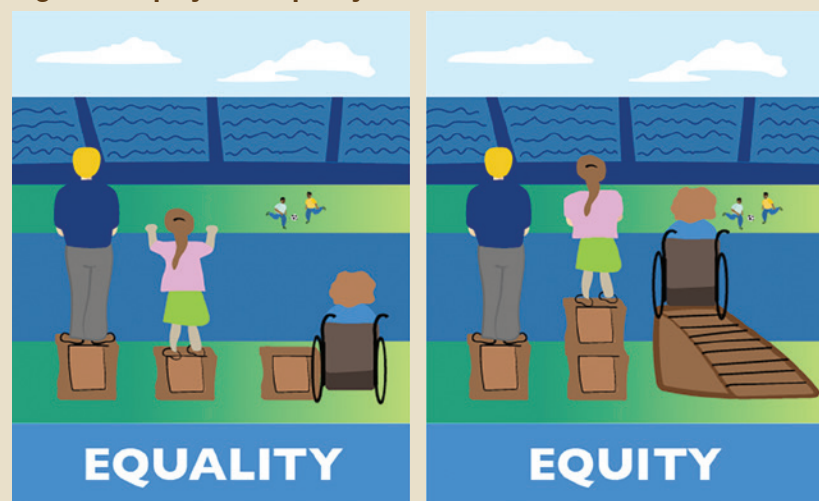
Importance of Social Determinants of Health and Health Equity to Prevent and Manage Diabetes

Traditionally, public health and health care agencies have focused on understanding and addressing **health disparities**, that is, alleviating the gap in health outcomes and/or processes of care among different groups of people.⁹⁸ With racial/ethnic health disparities, health disparities have been defined as the difference in both outcomes and health care processes of care among 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/Latin Americans.⁹

Recently, the focus has shifted to **health equity**, defined as the achievement of the highest level of health for all people.⁹⁹ 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



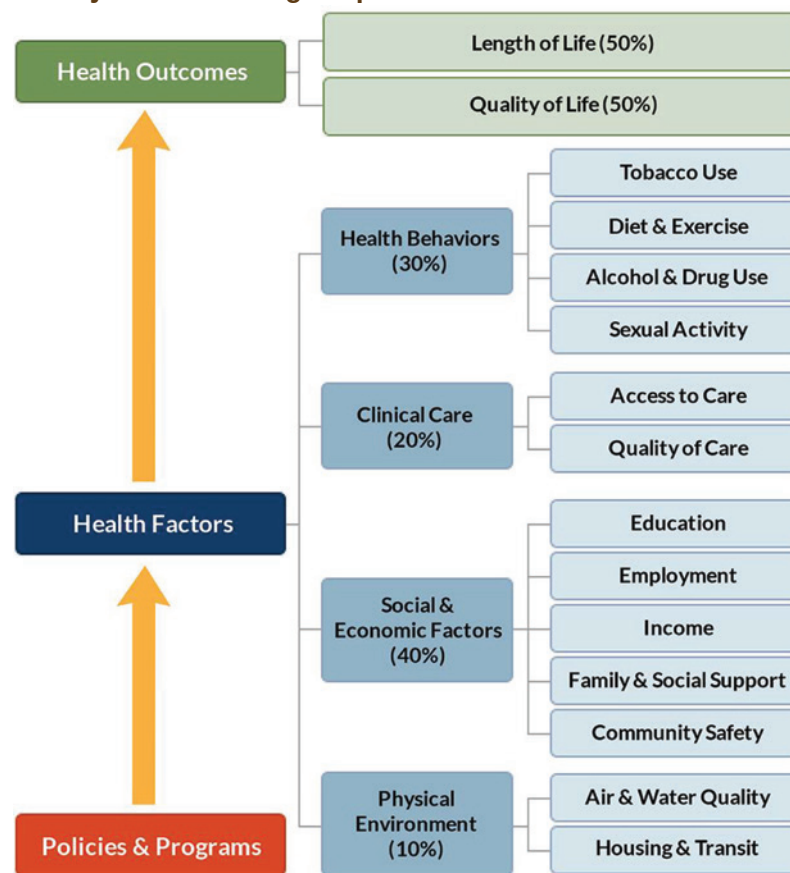
Johns Hopkins Medicine

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 communities¹⁰⁰ (Figure 6). The 2018 Health Equity Report released by the NCDHHS Office of Health Equity (formerly the Office of Minority Health & Health Disparities)³¹ and the recently released Healthy North Carolina 2030 Report¹⁰¹ 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.¹⁰³ 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 health care 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 UWPHI

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

Community organizations play a crucial role in reducing the burden of diabetes in our state. This guide offers actionable steps that your organization can take to support individuals with diabetes and contribute to statewide prevention efforts. 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 connect individual behaviors essential for preventing and managing diabetes with broader policy strategies that community groups, employers, and health care providers can implement to enhance diabetes care and prevention.

According to the Socioecological Model (SEM), individuals at risk for or living with diabetes need to adhere to specific behaviors to maintain their health. The influence of interpersonal relationships—such as those with family and friends—on these behaviors is significant. While this guide does not focus on actions for friends and family, numerous resources are available for them, such as **Diabetes Sisters**, **Children with Diabetes**, and **Taking Control of your Diabetes**). A comprehensive list of these websites can be found in Appendix A.

The population-based strategies outlined in the following sections are designed to empower organizations to support diabetes prevention and

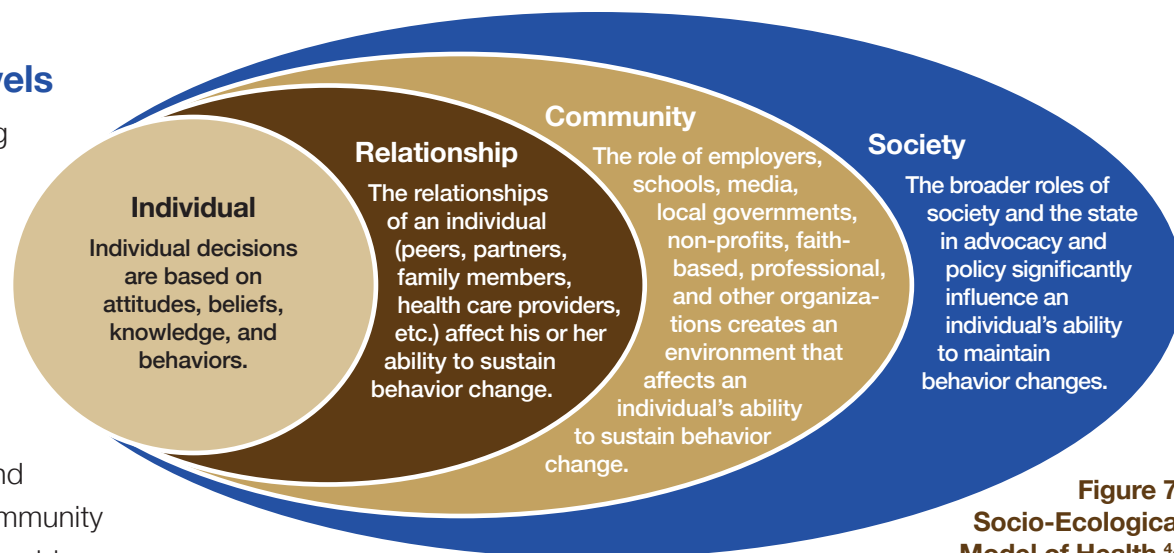


Figure 7.
Socio-Ecological Model of Health.^{4,5}

management. These strategies are organized by the groups that can take action (community, health care, employers, and society) and are aligned with the stages of diabetes prevention and management. A description of each group is provided before the list of strategies.

Together, these strategies help state agencies, community groups, and other organizations apply population health principles and risk stratification techniques to complement the efforts of health care providers. This collective approach extends the impact of diabetes prevention and management beyond individuals and families, significantly reducing the overall burden of diabetes.



Individual

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

Relationship

The relationships of an individual (peers, partners, family members, health care 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.

The Socioecological Model, along with the concepts of social determinants of health and health equity, offers valuable insights into how organizations can effectively address diabetes. Collective action always drives more sustainable change than isolated efforts. The following sections of this guide explore the potential contributions of “Community” and “Society” in this effort. As we collaborate, it is essential to focus on solutions rather than problems.¹⁰⁴ Key principles to consider:

1. Health begins long before illness—in our homes, schools, and workplaces.
2. Everyone should have the opportunity to make choices that lead to a long, healthy life, regardless of income, education, or ethnic background.
3. Your neighborhood or job should not be a threat to your health.
4. The opportunity for good health starts well before the need for medical care arises.
5. Health starts where we live, learn, work, and play.
6. The foundation for health is built in our families, neighborhoods, schools, and workplaces.



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