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Jim has type 2 diabetes

In This Issue:

- Americans at risk for diabetes often don't recognize their risk factors
- Having a spouse with diabetes is a risk factor for diabetes
- Study shows many chronically ill Americans can't afford food and medicine

Text messaging a positive tool for people with diabetes

Two recent studies suggest that text messaging can help improve outcomes and lower health care costs for people with diabetes. The first study, by a Chicago area academic medical center, published in *Health Affairs*, shows that adults with diabetes enrolled in an employee health plan benefited from text messages delivered to them through their mobile phones and the health plan benefited too with reduced health care costs.

During the 6-month demonstration project, patients with type 1 and type 2 diabetes who received text messages about diabetes self care (eg, "Time to check your blood sugar" or "Do you need refills of any medications?") saw reductions in average A1C levels from 7.9% to 7.2%¹; a decrease in total health care costs of \$812 per participant and 8.8% overall; and 73% of participants expressed satisfaction with their care.¹ The authors conclude: "Our study offers early evidence that mHealth (mobile health) can enable health care organizations to effectively support patients beyond the traditional health care setting and achieve the triple aim of better health, better health care, and lower costs."¹

8.8% Savings

The program was associated with a total cost savings of \$32,388 over 6 months, which was an 8.8% savings over pre-period costs.¹

A second study published online in *Annals of Internal Medicine* showed that low income patients with poorly controlled diabetes (A1C >8%) who were treated in the emergency room saw improvements in their A1C levels and self-reported medication adherence with post-ER visit daily text messages. The patients in the mHealth group, who received 2 daily text messages in either English or Spanish for 6 months, had an average 1.05% decrease in A1C level (compared with 0.60% in the control group); an increase in medication adherence from 4.5 to 5.4 on an 8-point scale (compared with a net decrease of 0.10 in the control group); lower subsequent use of the ER compared with the control group (35.9% vs 51.6%); and fully 100% of participants surveyed said they would recommend the texting program to family and friends.² Spanish-speaking patients in the mHealth group had even better clinical outcomes, with higher medication adherence rates and greater drops in A1C levels than English speaking mHealth participants.² According to the authors, the study adds "to the increasing body of literature supporting mHealth as an innovative public health solution...that is effective, highly scalable, low cost, and widely accessible."²

Click [here](#) for *Health Affairs* abstract and [here](#) for *Annals of Internal Medicine* study.

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HHS gives patients direct access to their lab test results

The US Department of Health and Human Services (HHS) released a final rule that allows patients and their representatives to request their laboratory test results directly from the lab.³ While physicians can still access lab results on behalf of patients, the new rule provides an alternative method for patients to obtain a paper or electronic copy of their lab results while maintaining their privacy. "Information like lab results can empower patients to track their health progress, make decisions with their health care professionals, and adhere to important treatment plans," said Kathleen Sebelius, Secretary of Health.⁴



CYNTHIA TALLEY
Cynthia has type 2 diabetes

Access the final rule [here](#).

Study shows many chronically ill Americans can't afford food and medicine

According to a recent study, 1 in 3 Americans with a chronic disease such as diabetes, high blood pressure, or arthritis can't afford to pay for food or medications.⁵ The research team examined data from the 2011 National Health Interview Survey, which includes information on nearly 10,000 people with 1 or more chronic illnesses. Around 23% of chronically ill people reported taking medication less often than prescribed because of cost: 19% said they had difficulty affording food and 11% said they had difficulty affording both food and medication.⁵ Other key findings⁵ include:

- Chronically ill people who had trouble affording food and medications were 58% more likely to be Hispanic or African American.
- With each additional chronic illness, the risk of having difficulty affording medications and food increased by 56%.
- Chronically ill people who couldn't afford food were 4 times more likely to skip taking their medications because of cost.
- These individuals were 30% less likely to have Medicaid and 60% less likely to participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The authors note that "while clinicians should be attuned to the difficult trade-offs between food and medication-related expenses that patients face...the ability of clinicians to rectify unequally distributed social determinants of health is limited. We need organized, broad-based support for multidisciplinary programs to improve social determinants in vulnerable populations."⁵

Access the full study [here](#).



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Independence Blue Cross creates Center for Health Care Innovation

In February 2014, Independence Blue Cross (IBC), based in Philadelphia, Pennsylvania, launched a new Center for Health Care Innovation to “foster new ideas and partnerships to improve health care,” with the goal of transforming the Philadelphia market into a “national magnet for health care innovation.”⁶ The center will be home to several initiatives⁶, including:

- DreamIt Health Philadelphia, a health care innovation incubator that provides seed money and mentoring to promising start-ups.
- Strategic Investment Portfolio, which will invest up to \$50 million in health-related venture funds and early stage companies.
- Health Care Innovation Task Force, which is jointly led by IBC and the Philadelphia Chamber of Commerce.
- Innovations to Improve Health, which includes collaborations and research to better predict undiagnosed diabetes and use mobile technology to improve medication adherence.

Access the IBC press release [here](#).

Could dentists also screen for undiagnosed diabetes?

Around 7 million Americans have undiagnosed diabetes and some of them may visit the dentist once or twice a year—offering another setting where their diabetes could be detected. A study published in the *Journal of the American Dental Association* suggests that it is feasible for dentists to screen for undiagnosed diabetes in their patients using a combination of the American Diabetes Association Risk Test and an A1C test. Patients with an A1C greater than 5.7% were subsequently referred to their physicians for follow-up. Among the 1022 patients screened in the study, 416 (40.7%) had an A1C level of 5.7% or higher, were referred to their doctor for diagnosis, and 35% received a diagnosis of prediabetes or diabetes within 1 year.⁷

“Screening for diabetes and prediabetes in the dental office may provide an important benefit to patients and encourage interprofessional collaboration to achieve a chronic care model in which health care professionals work together to care for a panel of patients,” the authors conclude.⁷

Access the study abstract [here](#).

Research shows Medicare coverage of National Diabetes Prevention Program could save \$1.3 billion over 10 years

New research commissioned by the American Diabetes Association, YMCA of the USA, and American Medical Association estimates that including the National Diabetes Prevention Program (National DPP) as a Medicare benefit could reduce the incidence of type 2 diabetes among older adults by 37%. This reduction could result in 1 million fewer cases of diabetes among older Americans by 2024 and a decrease in federal spending by \$1.3 billion dollars over 10 years.⁸ Currently half of all Americans aged 65 or older have prediabetes and are at risk of developing type 2 diabetes.⁹

The study was commissioned by the consulting firm Avalere and is available [here](#). Click [here](#) to access a press release about the study.

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National Center for Health Statistics survey: More than 25% of US families struggle to pay for medical care

A January 2014 Data Brief from the National Center for Health Statistics at the US Centers for Disease Control and Prevention (CDC) reported that more than 1 in 4 US families found it difficult to pay for their medical expenses in 2012, and 1 in 10 had medical bills that they were totally unable to pay.¹⁰ The results were from 2012 National Health Interview Survey, and according to the brief, this family perspective is important because “significant expenses for 1 family member may adversely affect the whole family.”¹⁰

Other key findings¹⁰ from the brief include:

- Families with children ages 0 to 17 were more likely to feel the financial burden of medical care.
- The presence of any family member who was uninsured increased the likelihood that the family would experience the financial burden of medical care.

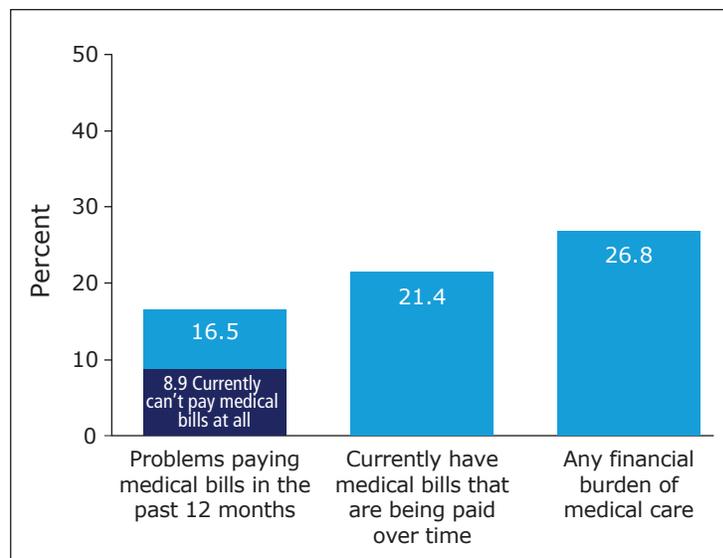
Access the data brief [here](#).

Having a spouse with diabetes is a risk factor for diabetes

A meta-analysis that examined the association of diabetes risk with having a spouse with diabetes found that a spousal history of diabetes increases the risk for diabetes by 26%.¹¹ The authors consider the finding important because “recognizing shared risk between spouses may improve diabetes detection and motivate couples to increase collaborative efforts to optimize eating and physical activity habits.”¹¹

Access the study abstract [here](#).

Figure 1. Percentage of families with selected financial burdens of medical care: United States, 2012¹⁰



NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Any financial burden of medical care is based on a positive response to a question asking whether anyone in the family experienced “problems paying medical bills in the past 12 months” or a positive response to a question asking whether anyone in the family currently had “medical bills that are being paid over time.” Only those who responded positively to the former question were asked if they currently had medical bills that they were unable to pay at all.

SOURCE: CDC/NCHS, National Health Interview Survey, 2012.



JESSE CRUMPLER
Jesse has type 2 diabetes

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Latinos say diabetes is biggest family health concern

A poll jointly conducted by National Public Radio, the Robert Wood Johnson Foundation, and Harvard School of Public Health found that nearly 1 in 5 Latinos (19%) consider diabetes the biggest health problem confronting their families.¹² Cancer was a distant second, reported by only 5% of Latinos as their biggest family health concern.¹² The research team surveyed more than 1400 Latinos aged 18 and older.

Lead author from the Harvard School of Public Health, Robert Blendon, called the findings “surprising” because in previous polls Latinos cited cancer as the biggest problem facing the country, “but when asked about their own families, Latinos cite diabetes as the biggest problem.”¹³

Access the full report [here](#).

Food insecurity and its impact on diabetes health outcomes

Lower income Americans who live paycheck to paycheck often have less money to purchase food at the end of the month. A research team from the University of California at San Francisco hypothesized that end-of-month food choices and food insecurity could affect health outcomes, such as risk for hypoglycemia, for people with diabetes.

The authors examined data on hospital admissions in California for the period 2000 to 2008 and found that admissions for hypoglycemia were more common among lower income people with diabetes than higher income people with

diabetes (270 vs 200 admissions per 100,000 people) and risk for hospital admission increased 27% during the last week of the month compared with the first week among the low-income population.¹⁴ This change in risk of hypoglycemia was not evident for higher income people with diabetes. The authors suggest that “policy solutions to improve stable access to nutrition in low-income populations and raise awareness of the health risks of food insecurity might be warranted.”¹⁴

Access the study abstract [here](#).

Impact of diabetes on ability to work

A recent study published in *Health Affairs* examined the impact of a diagnosis of diabetes or developing the symptoms of diabetes on the rate of exit from the workforce for people age 50 and older. The authors looked at this effect on the labor force across 16 countries and more than 66,000 people for the period 2002 to 2007. The countries surveyed included the United States, England, Austria, Belgium, the Czech Republic, Denmark, France, Germany, Greece, Ireland, Italy, the Netherlands, Poland, Spain, Sweden, and Switzerland. The authors found that on average, across all countries, people diagnosed with diabetes had a 30% increase in rate of exit from the workforce compared with people without diabetes.¹⁵

“These findings further support the value of greater public, and private, sector investment in preventing and managing diabetes,” they conclude.¹⁵

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Americans at risk for diabetes often don't recognize their risk factors

A survey conducted by the American Diabetes Association (ADA) shows that many people who have risk factors for diabetes, in fact, don't think they are at risk for getting the disease.¹⁶ The survey is part of CheckUp America, ADA's national prevention initiative aimed at helping Americans learn how to lower their risk for type 2 diabetes and heart disease, and was conducted with 1426 health care consumers aged 40 and older and 601 health care providers. Key findings¹⁶ from the survey include:

- Only 3 in 10 adults with modifiable risk factors for diabetes (eg, overweight, sedentary) think they have a "great deal" or "some" risk for the disease.
- Around 4 in 10 adults at risk for diabetes believe they have no risk for prediabetes or diabetes.
- Only 1 in 4 health care providers believe that their patients at risk for diabetes are "extremely" or "very" knowledgeable about their risk for type 2 diabetes or heart disease.

Access the ADA press release [here](#).

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