



CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO Tackling Type 2 Diabetes

Thursday, November 12, 2020

Disclosure Statements



- The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:
 - Kathleen Dungan, MD, MPH receives consulting fees from Eli Lilly and Tolerion, institutional research fees from Eli Lilly, Novo Nordisk, and Sanofi Aventis, and presentation honoraria from Nova Biomedical, Integritas, and Uptodate.
 - Siran M. Koroukian, PhD receives grant funds for her role as a co-investigator on a study funded by Celgene.
 - Adam T. Perzynski, PhD reports being co-owner of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for book authorship with Springer Nature publishing and Taylor Francis publishing.
 - Martha Sajatovic, MD receives grant support as PI of studies with Nuromate and Otsuka, study design consulting fees from Alkermes, Otsuka, Neurocrine, and Health, and publication development royalties from Springer Press and Johns Hopkins University.
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 - Jackson T. Wright, Jr., MD, PhD reports research support from the NIH and Ohio Department of Medicaid and consulting with NIH, AHA, and ACC.
 - These financial relationships are outside the presented work.
- All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

Type 2 diabetes in a rural context



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Objectives

1. Describe the epidemiology of type 2 diabetes in rural America.
2. List and describe a minimum of 3 challenges faced by rural residents in accessing care and controlling type 2 diabetes
3. List and describe a minimum of 3 strategies to engage rural residents in lifestyle changes, taking into account environmental context

Rural America



- Approximately 60 million people, or one in five Americans, live in rural America.
- Rural Americans face numerous difficulties in accessing health care, which contribute to higher rates of disease and disability.
- Estimated 8% to 17% higher prevalence of diabetes in rural versus urban communities.

Rural America



- 20% of America's population, yet employ only 10% of practicing physicians.
- Fewer specialists, dentists, mental health professionals, and pharmacists practice in rural regions.
- Less likely to have timely access to emergency medical services, hospitals, clinics.

Common Barriers in Rural America



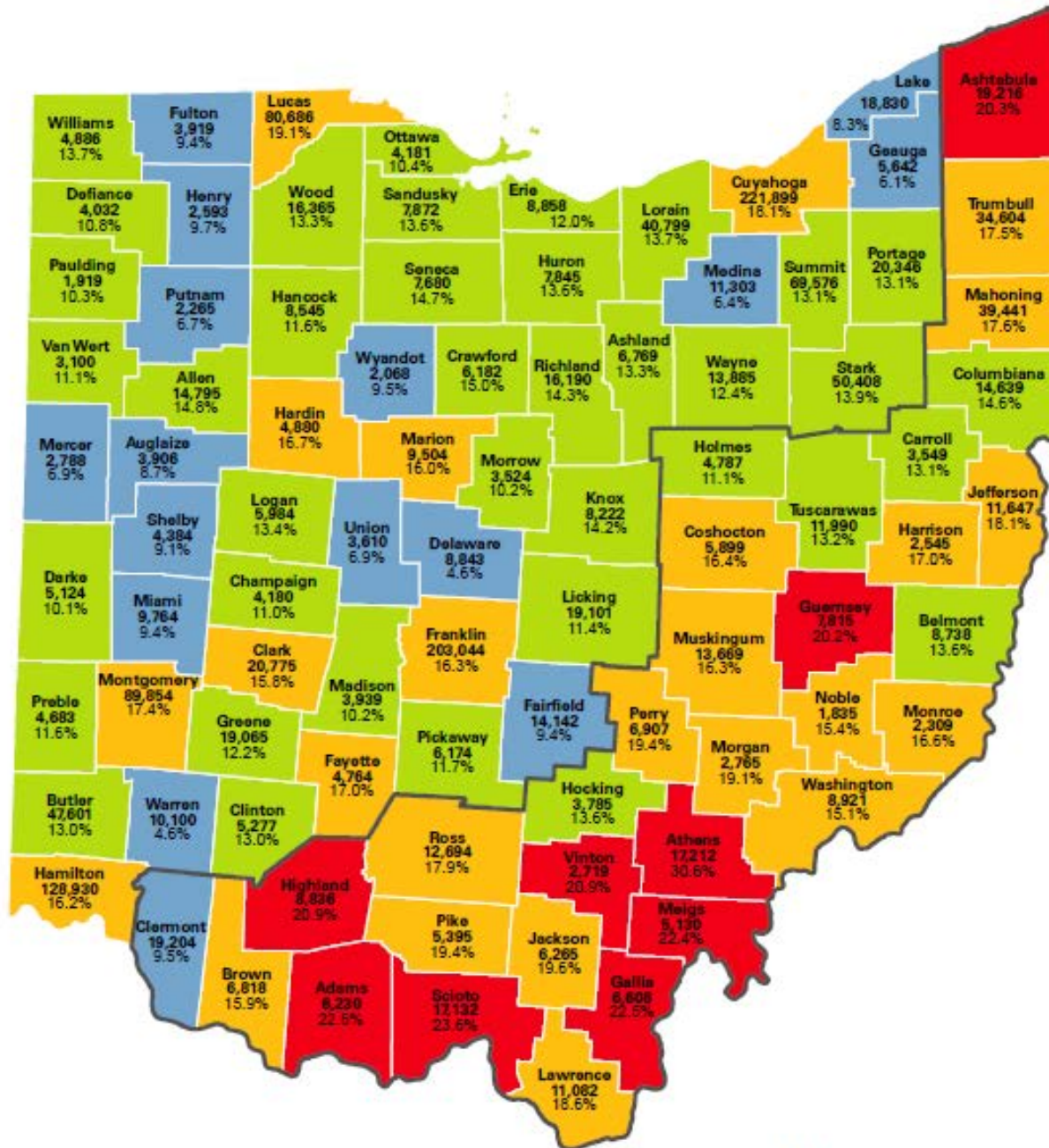
- Transportation difficulties (e.g., lack of public transportation, unpaved roads, extreme weather conditions)
- Lack of access to health care
- Lack of quality health care
- Lack of diabetes specialists in the region
- Fewer hospitals, emergency departments, and clinics
- Financial constraints
- Less comprehensive insurance coverage
- Food insecurity
- Housing issues and homelessness
- Social isolation

Ohio



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Poverty in Ohio by County 2014-2018 American Community Survey



Statewide Poverty
1,645,986
14.5%

Percentage
Population in
Poverty

- 4.6% - 9.9%
- 10.0% - 14.9%
- 15.0% - 19.9%
- 20.0% - 30.6%

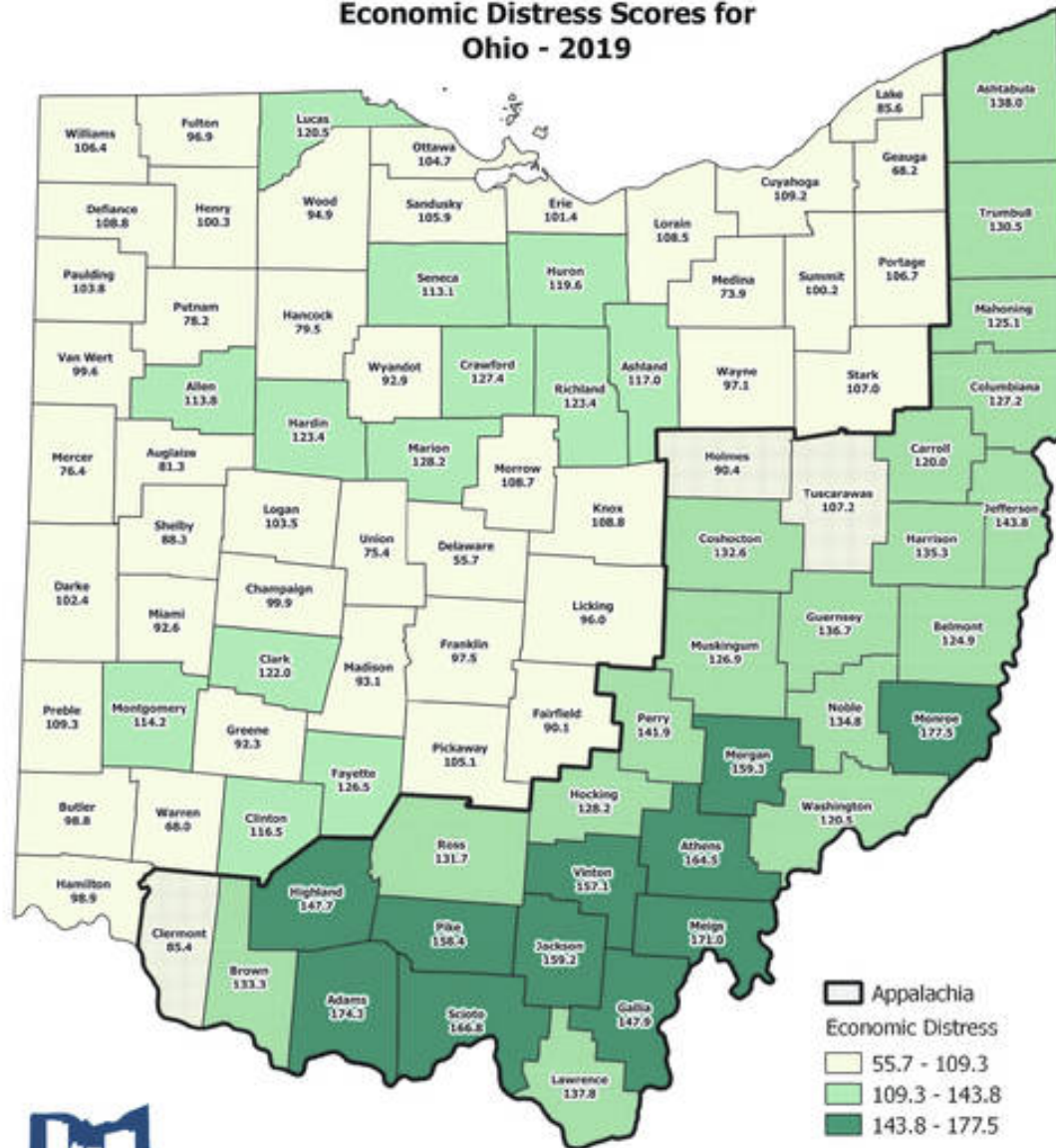
Appalachian Ohio

This map shows the 2014-2018 American Community Survey estimates of the number and percentage of persons in poverty by county

Source:
2014-2018 American Community Survey,
U.S. Census Bureau

Prepared by:
Office of Research
Ohio Development Services Agency
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Figure 5
Economic Distress Scores for
Ohio - 2019

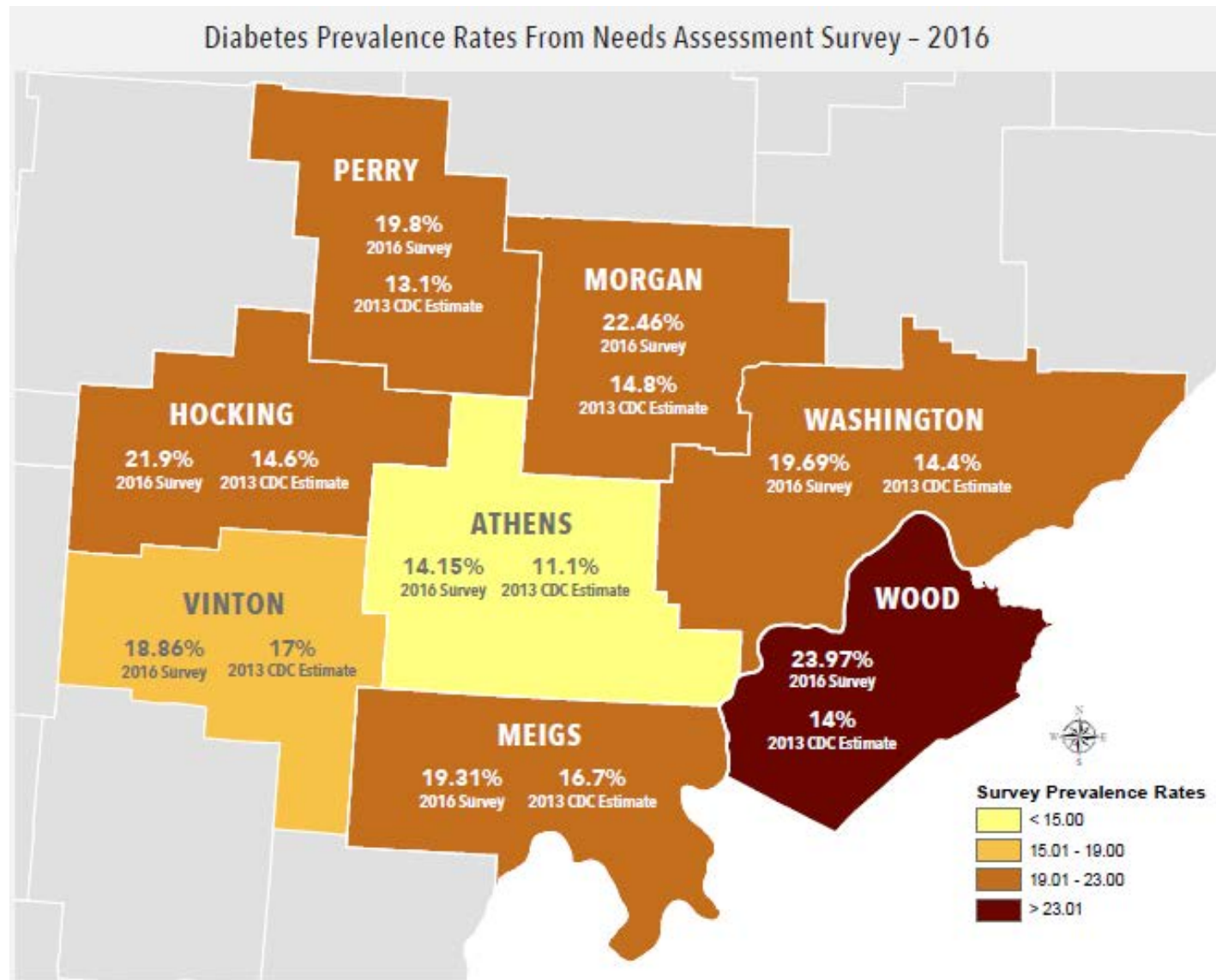


The designation of economically “distressed” is assigned for a county with a per capita income of 80% or less of the national average and/or an unemployment rate at least 1% greater than the national average unemployment rate for a 24-month period.



The Appalachian Regional Commission (ARC) uses an index-based county economic classification system to identify and monitor the economic status of Appalachian counties. The system involves the creation of a national index of county economic status through a comparison of each county's averages for three economic indicators—three-year average unemployment rate, per capita market income, and poverty rate—with national averages. The resulting values are summed and averaged to create a composite index value for each county.





Strategies for working with Rural Americans



- Telehealth is a promising model for delivering DSMES.
 - Prior telehealth interventions have observed improvements in A1C values compared to usual care.
 - Need to consider access to broadband internet and ability to travel to clinics.
 - Be aware of available resources to coordinate transportation (e.g., Medicaid-approved transportation).

Strategies for working with Rural Americans



- Successful rural DSMES incorporates social support.
 - Offer group DSMES
 - Offer in-person diabetes support groups
 - Recommend an online peer support group
 - Encourage people with diabetes to reach out to friends, schedule regular get-togethers, phone calls, and texts
 - Encourage people with diabetes to join a local club, activity, religious/spiritual group, and/or volunteer organization



Thank you!

Questions/Discussion