Society for Public Health Education
Resolution on Reducing the Impact of Diabetes (Type 1, Type 2, and Gestational, Diabetes)

Whereas the Society for Public Health Education (SOPHE) acknowledges that…

Approximately 18.0 million or 8.7 percent of all people age 20 years or older have diabetes[1]; 8.6 million or 18.3 percent of all people age 60 and older[1]; 8.7 million or 8.7 percent of all men[1]; and 9.3 million or 8.7 percent of all women have diabetes[1], and 5.2 million people are undiagnosed[1,2,7].

Type 1diabetes accounts for 5 to 10 percent of all diagnosed cases of diabetes generally in children and young adulthood[1] and type 2 diabetes accounts for 90 to 95 percent of all diagnosed cases of diabetes[1].

After pregnancy, 5 to 10 percent of women with gestational diabetes are found to have type 2 diabetes. Women who have had gestational diabetes have a 20 to 50 percent chance of developing diabetes in the next 5 to 10 years[1].

Whereas over the last half of the 20th century the prevalence of diabetes has steadily increased; between 1997 and 2002, the percent of Americans diagnosed with diabetes increased by 27%[2]; since 1991 the prevalence among adults has increased 61% and is projected to increase 165% from 2000 to 2050[7], and

Whereas diabetes and its complications in people 20 years and older disproportionately affect elderly persons and economically disadvantaged persons[5]; 2.7 million or 11.4 percent of African Americans; 2 million or 8.2 percent of Hispanics/Latinos; and 110,814 or 14.9 percent of American Indians or Alaska Natives receiving care from the Indian Health Service. American Indians and Alaska Natives are 2.3 times as likely to have diabetes than non-Hispanic whites. Prevalence data for diabetes among Asian Americans and native Hawaiian or other Pacific Islanders are limited. It is suggested that Native Hawaiians are 2 times as likely to have diagnosed diabetes than white residents of Hawaii of similar age[1], and

Whereas about 206,000 or 0.25 percent of people less than 20 years of age have diabetes; approximately one in 400 to 500 children and adolescents has type 1 diabetes[1]. Among new cases of childhood diabetes, the proportion of those with type 2 diabetes ranges between 8 percent and 46 percent[12], and

Whereas diabetes is estimated to cost an estimated $132 billion per year for which $92 billion are direct medical costs and $40 billion are indirect costs (disability, work loss, and premature mortality)[1,7], representing 11% of National health care expenditures in 2002[7], and

Whereas diabetes is the 6th leading cause of death by disease among women and sixth among men in 2001[2], contributing to over 200,000 deaths and is the leading cause of non-traumatic lower extremity amputations, chronic irreversible kidney disease, and blindness among working age adults[4,7], and

Whereas heart disease and stroke cause about 65% of the deaths among persons with diabetes[3,7,9]as a result of metabolic syndrome[11] (hypertension, dyslipidemia and hyperglycemia), and

Whereas Healthy People 2010 objectives call for increasing the percentage of persons with diabetes who receive formal diabetes education, preventing new cases, decreasing diabetes related deaths, improving primary, secondary and tertiary treatment and care of diabetics[5], and

Whereas results of the U.S. Diabetes Prevention Program showed lifestyle modification (moderate weight loss and physical activity) reduced, by 58% over three years,the incidence of pre-diabetes and diabetes in person at high risk[3,7] and was more effective than pharmaceutical intervention, and

Whereas the Task Force on Community Preventive Services strongly recommends Health System Diabetes Management and Case Management and recommends Community based Diabetic Self Management Education (DSME)[6,10], and

Whereas more outcomes research utilizing scientifically grounded theories and models is needed in the area of educational and behavioral interventions that involve communities from the beginning and in the area of provider characteristics to prove that diabetes educational efforts improve outcomes.[8,10]

THEREFORE BE IT RESOLVED: That SOPHE

1. Urge the Administration and Congress to increase funding for the Centers for Disease Control and Prevention, Indian Health Service, National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK), and other federal agencies that address prevention, education, outcomes research, self-management and treatment of diabetes.
2. Urge health insurance companies and worksites to promote and reimburse ongoing diabetes education and counseling for all persons with diabetes regardless of type of diabetes and form of therapy as part of the comprehensive care management continuum, including multidisciplinary services (i.e., nutrition counseling, mental health counseling, podiatric care, prescription footwear, and home glucose monitoring supplies) that are integral to effective diabetes self-management.
3. Promote the role of health educators in prevention and treatment of diabetes through science-based individual and environmental interventions. Educate SOPHE members about diabetes prevention and treatment, including the standards of care for persons with diabetes as defined by the American Diabetes Association, by: a) conducting continuing education sessions at SOPHE meetings; and 2) publishing articles in "News & Views" describing innovative partnerships designed to reduce diabetes related health disparities; and 3) seeking funding for professional training opportunities in diabetes for SOPHE members.
4. Actively participate, along with SOPHE chapters, in coalitions at the national and local levels to educate the public about diabetes prevention and treatment.
5. Send a copy of this resolution to each member of the Coalition of National Health Education Organizations (CNHEO), the American Association of Diabetes Educators (AADE), American Diabetes Association (ADA), and the Juvenile Diabetes Research Foundation expressing our interest in partnership and encouraging them to continue taking a proactive role in conducting diabetes education activities and supporting legislation to increase appropriations for diabetes prevention, self-management, and treatment.
6. Support public policies that increase funding opportunities for recruiting and training public health educators from under represented groups for professional training opportunities in diabetes.

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