



AN EARLY WARNING SIGN:

Diabetes-Related Death Rates in Assembly Districts

POLICY RECOMMENDATIONS

California communities and policy makers stand at a critical juncture. The prevalence of diabetes is increasing dramatically, and the state's diabetes related death rate—already higher than that of the nation as a whole—is rising. The state's racial/ethnic diversity means a growing number of Californians will be at risk for developing diabetes. At the same time, increasing numbers of children and adults who are overweight or obese portend even greater increases in the prevalence of diabetes in the years to come. The frightening emergence of Type 2 diabetes among children is the unmistakable warning sign that generations of California children will suffer from preventable chronic health conditions at rates higher than ever before. Unless action is taken, millions of Californians—both children and adults—will be sentenced to a future of chronic health problems and early death. In addition to the human suffering, California families and businesses will face unparalleled increases in long-term health care costs, and the public health care system is likely to be stretched beyond its capacity. The epidemic will not be solved by calling for individual behavior change alone. Instead, policy makers must address the community and environmental factors that perpetuate the epidemic. Policies must be established that employ the following strategies to reduce diabetes-related deaths in California:

- Prevent and delay diabetes, and ensure access to health care to prevent, treat, and manage the disease.
- Create healthy nutrition and physical activity environments.
- Place special emphasis on racial/ethnic and geographic communities experiencing the greatest burden of disease.

The California Center for Public Health Advocacy calls on policy makers throughout the state to take immediate action. The Center's recommendations are based on those made by a national Scientific Panel.

Preventing Diabetes and Improving Physical Activity and Nutrition Environments

1. The Governor should declare the epidemics of diabetes, overweight, and obesity a top priority of his new administration and immediately convene a summit of government, business, health, education, nonprofit, and youth leaders to identify strategies to prevent and delay diabetes, improve the treatment and management of diabetes, and improve nutrition and physical activity environments.
2. Every legislator should convene a District forum of community leaders to address the epidemics locally. Legislators representing regions with the highest diabetes-related death rates should convene District forums early in 2004.
3. Hold legislative hearings to identify causes of and solutions to the diabetes and overweight/obesity epidemics.
4. Improve access to health care for individuals who are at risk for diabetes.
5. Expand public and private insurance to cover preventive care including but not limited to screening, education, obesity treatment, and counseling on the benefits of healthy eating and physical activity.
6. Reimburse diabetes educators, nutritionists, promotores, and team-based care for diabetes-related prevention services to individuals and their families.
7. Educate health care providers about diabetes-related primary prevention and clinical management practices proven to be successful with individuals at high risk for diabetes. Require that health care providers who receive state and federal funds implement these practices.

POLICY RECOMMENDATIONS cont.

8. Develop and implement a coordinated statewide plan for simultaneously addressing the epidemics of diabetes and overweight/obesity. The plan should build on California's Plan for Diabetes 2003-200745 and other existing nutrition and physical activity initiatives.
9. Improve school environments:
 - Implement SB 19 nutrition standards in grades K-12.
 - Enforce state law mandating 200-400 minutes of physical education every 10 days in grades 1-12.
 - Use only healthful foods as rewards and as fundraisers.
 - Utilize in-service funds to train teachers in physical education.
 - Educate all children about the importance of healthy eating and physical activity and the role of school and community environments in influencing their eating and activity choices.
 - Establish Diabetes Education and Awareness Programs for students and their families.
10. Improve community environments:
 - Require chain restaurants to provide nutrition information on display boards and menus.
 - Establish zoning regulations prohibiting the sale of unhealthful food near schools.
 - Require hospitals and other health care facilities to sell only healthful foods.
 - Implement nutrition and physical activity standards in preschools, daycare centers, Head Start programs, after-school programs, and childcare programs.
 - Design communities in ways that promote healthy eating and physical activity.
11. Restrict marketing and advertising of unhealthful foods and beverages to children.
12. Conduct research to determine the specific conditions in communities that contribute to high diabetes-related death rates and high percentages of overweight and unfit children. Socioeconomic factors should be included in such research.

Improving the Management and Treatment of Diabetes

1. Retain the diabetes-related benefits currently provided by public and private health insurance plans.
2. Expand public and private insurance reimbursement for obesity-related care, diabetes self-management education, and other diabetes-related care provided using a team-based approach.
3. Ensure health insurance coverage for diabetes supplies and prescription medications for individuals with diabetes.
4. Improve access to health care for individuals with diabetes.
5. Ensure that Californians with diabetes receive "the standard of care" prescribed by the American Diabetes Association.
6. Develop a diabetes registry that guarantees the privacy of individuals with diabetes.
7. Require diabetes education as part of the training and continuing education of all health professionals.

Policy reform at the state and local level must address the fact that some racial/ethnic and geographic communities have higher diabetes-related death rates and are at higher risk for diabetes. To curb the devastating epidemic of diabetes, policy makers must pursue both statewide reform and policy initiatives that reduce the burden of diabetes in the racial/ethnic and geographic communities with the highest diabetes-related death rates.