Study: High-risk minority groups not being screened for diabetes

Even for patients with insurance, screening is below desired levels

MADISON, Wis. -- Although people from certain ethnic groups are at high risk for getting diabetes and should be screened, a new study suggests that such screenings are not being done as often as they should.

Dr. Ann Sheehy, a hospitalist and clinical assistant professor of internal medicine at the University of Wisconsin School of Medicine and Public Health, was lead author of the findings, which will appear in the June edition of *Diabetes Care.*

The American Diabetes Association (ADA) says that African-Americans, Latinos, Native Americans, Asian-Americans, and Pacific Islanders should be screened through fasting blood tests. The research gathered data from more than 15,000 patients between 2003 and 2007. All patients were insured and eligible for diabetes screening based on a number of ADA risk factors: 45 years or older, high blood pressure, high cholesterol levels, polycystic ovarian syndrome, obesity, heart disease, history of pre-diabetes, and ethnicity.

Sheehy and her colleagues at the University of Wisconsin Health Innovation Program say according to information obtained from the doctor visits of those in the study, more than 40 percent of minority patients should have been screened for diabetes based on their ethnic background, but were not.

“I believe there is a lack of awareness that minority status is an independent risk factor not only for having diabetes, but for complications with diabetes,” she said. “Minorities get diabetes more often and tend to do worse when they have diabetes. I don’t think providers are necessarily aware of this. There has also not been enough public and provider education about the increased risks minority patients face not only in getting diabetes but also to have complications with the disease. We hope the information learned in this study will help us care for these patients better.”

Sheehy said the research proves that increased screening efforts are needed for minority populations.

“Studies have previously shown that minority preventive care is less optimal due to a lack of health care insurance or lack of clinic visits,” she said. “In this study, we wanted to look at the effect of minority status alone without the confounding effects of lack of insurance or lack of visits. That’s why we only included patients with insurance and mandated at least one visit per year. So, we were really able to focus on the fact that insurance status and access to care were not factors in our findings. In fact, the minority patients in this study actually had significantly more primary-care visits than our non- minority patients, so access to health care was clearly not a factor in our findings.”

Sheehy said it is possible primary-care providers recommended diabetes screening for minorities, but those patients did not follow through on what needed to be done.

“Although we were unable to test for this possibility in the current study, it may be that minorities had unique barriers that prevented them from being able to return for fasting labs as frequently as other patients,” she said. “Historically, a patient would come to clinic, the doctor ordered lab work to be done, and since diabetes screening used to require fasting, the patient would have to return another day after an overnight fast to get this done.”

Sheehy says new standards endorsed last year by the ADA that allow a non-fasting test to be done at the same time as the clinic visit may lead to increased diabetes screenings for minorities.

For more information on diabetes programs offered at UW Health, visit www.uwhealth.org/diabetes

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