

# Large Gap in Diabetes, Obesity Screening Among U.S. Health Clinics

June 23 2010, By Randy Dotinga

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(PhysOrg.com) -- A new nationwide study finds that some local health clinics do not offer diabetes screening or obesity prevention programs to their clients, who tend to be poor.

The clinics need to be “armed and equipped” to respond to the growing threat from [type 2 diabetes](#) and obesity in the United States, said researcher and study co-author Ann Albright. “These are huge problems that we’re facing. We want to be sure that we’re responding effectively.”

The findings, she said, show that a big gap exists. Yet, it is not clear just how many clinics lack such programs.

An estimated 72 million adults are obese in the United States -- that means they are a step above being simply overweight -- and the percentage of obese adults doubled from 1980 to 2004. The percentage of Americans diagnosed with of diabetes, meanwhile, might have doubled to greater than 5 percent during the same 24 years.

In the new study, researchers focused on 2,300 health clinics surveyed in 2005. They report their findings online and in the August issue of the [American Journal of Public Health](#).

The researchers found that about 56 percent of health clinics offered obesity prevention programs, while 51 percent offered diabetes screening. About a third offered both. Another number -- the percentage of clinics that do not offer either program -- is not available.

The findings give researchers insight into how health clinics are handling obesity and diabetes treatment and prevention, said Albright, director of the Division of Diabetes Translation at the National Center for Chronic Disease Prevention and Health Promotion, part of the Centers for Disease Control and Prevention.

Dr. David L. Katz, director of the Prevention Research Center at Yale University School of Medicine, said the study confirms the obvious: Health clinics with more resources offer more types of programs. Likewise, “because they have programming in this area, they are most likely to get funds for more programming in this area.”

He questioned the value of screening programs, which “are not a big part of the solution. After all, they are designed to find the trouble, not necessarily fix it.” He added that obesity is often obvious -- people can see it in a mirror -- and does not require a screening program for detection.

“We should define what contributions health departments can, and should, be making to global efforts at [obesity](#) and [diabetes](#) prevention and control, and then distribute resources to make sure they can all make these contributions,” Katz said. “Otherwise, some will be doing far less than is needed, and some will be doing more than what is truly useful.”

**More information:** Zhang X, et al. Obesity prevention and diabetes screening at local health departments. Am J Public Health 100(8), 2010.

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