

Can the law improve diabetes prevention and control?

September 10 2013

New cases of diabetes continue to increase as does the health burden for those with diabetes. Law is a critical tool for health improvement, yet assessments reported in a new study published in the *American Journal of Preventive Medicine* indicate that federal, state, and local laws give only partial support to guidelines and evidence-based interventions relevant to diabetes prevention and control. The authors explore the role that law can play in serving as an effective health tool.

In 2010, diabetes was the seventh-leading cause of death in the United States. Nearly 26 million people in America have the disease and about a quarter of them don't even know it. If current trends continue, 30 percent of the U.S. population may experience diabetes by 2050. Risk factors for type 2 diabetes include limited access to nutritious food, limited opportunity for physical activity, socio-economic conditions, and genetic disposition. While many well-founded guidelines and recommendations for diabetes intervention exist, the incidence and prevalence of diabetes continues to escalate. This is attributable, in part, to low adoption of evidence-based interventions for diabetes prevention and control.

"Laws, including statutes, ordinances, and government agency rules and regulations, can support interventions to prevent and control disease in various ways," comments lead author, Anthony D. Moulton, PhD, Laboratory Science, Policy and Practice Program Office, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, Atlanta, GA. "Laws can help shape

environments to reduce exposure to some type 2 diabetes risk factors and encourage preventive behaviors, and laws can authorize or require provision of prevention-oriented information designed to change the behaviors and cultural norms that affect risk."

Dr. Moulton and his team evaluated existing guidelines, recommendations, and standards from 12 public health and medical organizations. They uncovered 47 guidelines in total: 20 for diabetes control and 27 for type 2 diabetes risk reduction and prevention. The team then determined the extent to which federal and state laws supported these guidelines. Investigators analyzed the laws further to determine whether they contained provisions that require, incentivize, or encourage healthcare providers, insurers, employers, schools, child care centers, restaurants, government agencies, and others, to take action consistent with a given guideline.

Investigators concluded that:

- Implementation of guidelines for evidence-based interventions for diabetes prevention and control is incomplete
- Many opportunities exist for exploring uses of law to improve adoption

The team suggested six specific actions and considerations to improve the use of law as a way to prevent and control diabetes:

1. Adopted laws should meet certain criteria, including demonstrated effectiveness, feasibility of practical implementation, and respect for individual liberties.
2. Existing laws, including laws related to land use and building design, transportation systems, education, food production, and advertising, should be evaluated for their impact on diabetes risk reduction,

prevention, and control.

3. Laws that have been proposed but not yet adopted also can be assessed for their potential to improve diabetes prevention and control.

4. Laws can be explored that address risk factors common to diabetes, obesity, cardiovascular disease, and cancer, and that address the interaction between diabetes and certain infectious diseases.

5. Organizations that establish guidelines for [diabetes prevention](#) and control should explore developing guidelines specifically for relevant law-based interventions.

6. As the Affordable Care Act expands insurance for people with diabetes or at risk of diabetes, the impact of such guidelines should be assessed and used to shape supportive policies, as appropriate.

"Laws that are demonstrated to be effective, designed to support proven public health and clinical interventions, and well implemented can give crucial support to strategies that address public health priorities and to wider adoption of evidence-based guidelines," concludes Dr. Moulton. "Law is a key tool for scaling and sustaining effective interventions at the national level. Public health practitioners and policymakers nationally can intensify their exploration and evidence-based application of law to help slow and potentially reverse the accelerating threat posed by the [diabetes](#) epidemic."

More information: "Law, Public Health, and the Diabetes Epidemic," by Anthony D. Moulton, PhD; Ann L. Albright, PhD, RD; Edward W. Gregg, PhD; and Richard A. Goodman, MD, JD, MPH, is available online as of September 10, 2013 and in print in the *American Journal of Preventive Medicine*, Volume 45, Issue 4 (October 2013), [DOI: 10.1016/j.amepre.2013.05.07](https://doi.org/10.1016/j.amepre.2013.05.07).

Provided by Elsevier

Citation: Can the law improve diabetes prevention and control? (2013, September 10) retrieved 17 April 2024 from <https://medicalxpress.com/news/2013-09-law-diabetes.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.