

# Diabetes management program doesn't cut disparities in care

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low-density lipoprotein-cholesterol test, and retinal examination) in the intervention counties. Lower rates of receipt for HbA1c testing were seen for African-Americans and Latinos versus whites in the intervention counties (0.66 and 0.77, respectively, versus 0.83). The disparity for African-Americans and Latinos versus whites persisted in the intervention counties after the intervention. The disparity in testing rates decreased for Asian-Americans and Pacific Islanders. Similar disparities were not seen in control counties.

"This disease management program was not effective in reducing racial/ethnic disparities in [diabetes care](#) in the most racially/ethnically diverse counties in California," the authors write.

**More information:** [Abstract](#)  
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—A telephone-based disease management program delivered by a disease management vendor is ineffective in reducing racial/ethnic disparities in diabetes care, according to a study published online March 10 in *Diabetes Care*.

Ying-Ying Meng, Dr.P.H., from the UCLA Center for Health Policy Research in Los Angeles, and colleagues examined the effectiveness of a three-year telephone-based [disease management](#) program delivered to Medicaid fee-for-service beneficiaries aged 22 to 75 years with diabetes. Generalized estimating equation models with logit link were used to assess the claims data for a cohort of beneficiaries in two intervention counties (2,933 subjects) and eight control counties (2,988 subjects) from September 2005 through August 2010.

The researchers found that before the program, there were racial/ethnic [disparities](#) in receipt of all three types of testing (hemoglobin A1c [HbA1c],

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