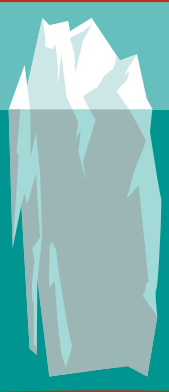
BRIDGING THE GAP IN DIABETES CARE

Diabetes affects millions of people in the United States and the numbers grow higher each day.

There is hope – through concerted efforts we can overcome barriers to care for those most affected by diabetes.

1 Diabetes is a growing problem in the U.S.

29.1 million people in the U.S. have diabetes, but this is just the tip of the iceberg with an estimated **86 million** with pre-diabetes[1]



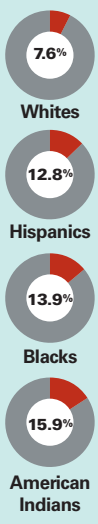
Costs of medical care and lost work and wages for people with diabetes are estimated at

$245 billion[1]

The number of people with diabetes is expected to grow to **44.1 million** in the next 20 years[2]

2 Diabetes affects some communities more than others.

People of African-American, Hispanic and American Indian descent are **more likely to develop diabetes** than other groups. Whites (Caucasians) have the lowest rate of diabetes at 7.6%, compared to 15.9% of American Indians, 13.9% of Blacks (African-Americans) and 12.8% of Hispanics.[1]



Many of these groups are more likely to die from diabetes-related illnesses and suffer complications from the disease.[3]

- the **rate of hospital admissions for uncontrolled diabetes** was higher for Blacks and Hispanics than for Whites[4]
- the **rate of end stage renal disease** due to diabetes was higher among American Indians, Blacks and Hispanics than among Whites

To address gaps in the quality of type 2 diabetes care for low-income and underserved adults in the United States, the Merck Foundation established the **Alliance to Reduce Disparities in Diabetes.**

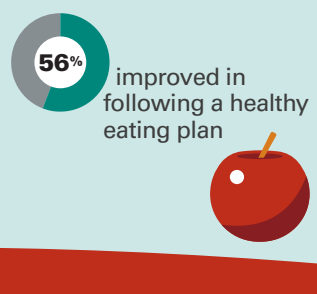
ALLIANCE TO REDUCE DISPARITIES IN DIABETES

3 Empowered patients are healthier patients.

The daily, active participation of people with diabetes in their own care is a critical factor in effective disease management.

People with diabetes who participated in a 10-week culturally-tailored **diabetes education course** in Chicago achieved lowered blood glucose levels and were more likely to participate in self care.[5]

Participants who received education about their diabetes in five coordinated care programs across the country improved their health in a number of areas.[6]



4 Better care. Better outcomes. Lower costs.

Alliance sites worked to develop innovative solutions on the ground **to improve care coordination and communication** as key components of effective disease management.

People with diabetes who participated in a community health worker-led care coordination in Dallas were **more likely to have decreased blood glucose levels.**[7]

Participants in a coordinated care program in Camden, NJ had **fewer hospital admissions,** incurring lower costs for their care.[8]

5 Managing health extends beyond the doctor's office.

Alliance programs worked to coordinate care throughout each of their communities including some unexpected places:

Retail pharmacy stores[9] · Farmers' markets[9] · Physical fitness centers[10] · Participants' homes[8,11] · Places of worship[12]

6 Policy updates mean durable change.

In 2011, Gov. Christie signed New Jersey's P.L. 2011, Ch. 114 into law **establishing the nation's first Medicaid Accountable Care Organization (ACO) Demonstration Project** designed to bring better health care to low-income areas under its pilot program.[13]

In 2011, the state of Texas passed Texas HB 2610, establishing a study **to provide recommendations on maximizing access to and funding of health care services** provided by community health workers.[14]

To learn more about health care disparities related to type 2 diabetes and the Alliance to Reduce Disparities in Diabetes, visit **www.alliancefordiabetes.org.**

To learn more about the Merck Foundation and its programs, visit **www.merckgiving.com.**

ALLIANCE TO REDUCE DISPARITIES IN DIABETES

MERCK FOUNDATION

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13 New Jersey Public Law 2011, Ch.114 (approved Aug. 18, 2011)

14 Texas Legislature, House of Representatives. 82nd Texas Legislature, Regular Session, House Bill 2610, Chapter 537, Legislative Document, June 17, 2011.