

Submission Id: 2838

Title

Social Care Recommendations in National Diabetes and Treatment Guidelines

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

An expanding body of research documents associations between socioeconomic circumstances and health outcomes. As a result, new health care activities have emerged that focus on identifying and addressing social adversity as a strategy to improve health inequity. A 2019 report from the National Academies of Science, Engineering, and Medicine (NASEM) helped to define and categorize these emergent “social care practices.” Despite growing national attention on social care, the extent to which these practices are routinely incorporated into care for patients living with chronic disease is unknown. Using diabetes as a case study for other chronic diseases, we conducted a scoping review of existing diabetes treatment and management guidelines to explore whether and how these guidelines incorporate recommendations that reflect NASEM’s social care practice categories. We developed search terms to locate all Type II diabetes mellitus treatment and management guidelines for adults published in the US from 1977 to 2020. The search captured 170 national guidelines. We subsequently applied the NASEM framework activities to search each guideline for recommendations related to six social care activities: Awareness, Adjustment, Assistance, Advocacy, and Alignment. All social care activities were categorized along eight social risk domains (health care access, financial security, food security, housing stability/quality, language concordance, transportation security, and a category for “other” social risks that included cultural and religious factors.) The majority of guidelines (123;73%) failed to recommend any social care practices. The remainder [47 (27%)] referred to one or more social care activities. In the guidelines that referred to social care activities, adjustments to medical treatment based on social risk were the most commonly recommended activities [44/47 (94%)]. Recommended adjustments included decreasing medication costs to accommodate financial strain, changing literacy level or language of handouts to accommodate low literacy levels, and providing virtual visits to accommodate transportation insecurity. Social care recommendations most commonly addressed social domains related to financial security (n=114); language (n=35); or cultural/religious factors (n=115) (cultural and mental health barriers). Ensuring that practice guidelines more consistently reflect social care best practices may improve outcomes for patients living with diabetes.