

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6213

**Title**

*Relationship between Social Risks and Diabetes Metrics in a Large US Health System*

**Priority 1 (Research Category)**

Social determinants and vulnerable populations

**Presenters**

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**Abstract**

Context – Type 2 diabetes impacts 11.3% of the US population and disproportionately affects racial and ethnic minorities and low-income adults. Primary care settings may be an appropriate environment to address social risk factors, however much is not known about the characteristics of patient reported social risk among patients with diabetes in a general primary care setting.

Objective – To determine the association of patient reported social risk factors with a composite diabetes metric among patients with type 2 diabetes in a large primary care population

Study Design and Analysis – Cross-sectional analysis comparing adult patients with type 2 diabetes who meet a composite diabetes metric to those who do not meet metric

Setting – Mayo Clinic Midwest adult patients with primary care clinician in Department of Family Medicine in 2022

Population Studied – Mayo Midwest adult patients with type 2 diabetes

Instrument – Social risk questionnaire data were obtained from electronic health record in areas of housing risk, food insecurity, financial resource strain, transportation risk, and intimate partner violence. Demographic data obtained from electronic health record included age, gender, race, and rurality, along with practice location, medical complexity and outpatient visits.

Outcome Measures – Diabetic metric (D5) is met if all of the following: hgba1c < 8, BP < 140/90, statin unless contraindicated, avoidance of tobacco use, and aspirin use if indicated.

Results – Among 44,010 patients with type 2 diabetes, patients who are younger, non-white, live in rural areas, and have fewer outpatient visits are less likely to meet D5 metric. Using a multiple logistic regression, patients who gave high-risk answers to social risk domains of housing risk (OR 0.68), financial risk (OR 0.60), food insecurity (OR 0.64), and transportation needs (OR 0.62) were significantly less likely to meet the D5 metric compared to patients giving low risk answers (all p-values <0.001). Gender, medical complexity and patient reported intimate partner violence are not associated with attaining D5 metric.

Conclusions – All social risk domains except for intimate partner violence were associated with attaining D5 metric in patients with type 2 diabetes. In this practice-based, primary care population of adults with type 2 diabetes, this data reinforces the important clinical impact social risk factors have for our patients and highlights the need for more interventional studies.

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