

## Diabetes and the Disadvantaged and Vulnerable

a report by  
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Each year the International Diabetes Federation (IDF) emphasises a theme of worldwide importance to people living with diabetes and to health professionals working with people who have diabetes. In 2005 that theme was the diabetic foot. This year it is diabetes in disadvantaged and vulnerable groups. These campaigns aim to increase awareness of diabetes in general and these specific aspects of diabetes. The year culminates in World Diabetes Day – 14th November – when IDF and the World Health Organisation join forces to highlight the problem of diabetes throughout the world.

This year's theme has "Diabetes Care for All" as its slogan. It focuses on the facts that there are particular problems in accessing diabetes care for groups who are disadvantaged, as a result of poverty, for example, or who may be rendered vulnerable by natural or man-made disasters. More than 200 million of the world's population has diabetes. This number is estimated to

(estimated to be more than 2.5 billion) of people have to survive on an income of the local equivalent of less than US\$2 a day. Over a billion survive on less than US\$1 a day. To be poor is enough of a burden. To be poor and to have diabetes can be intolerable.

Absolute poverty, however, is not the only issue. People who are relatively poor in affluent countries are at increased risk of type 2 diabetes than those who are wealthier. Also, for a variety of reasons, particularly lack of access to effective healthcare, those people who have diabetes and are relatively poor have worse health outcomes from diabetes complications, both acute and chronic. In the world's richest nation, the US, an estimated three million people with diabetes have insufficient insurance cover for reasonable healthcare. It is well documented that their mortality, from preventable conditions such as diabetic ketoacidosis, exceeds that of those who are adequately served in this respect.

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increase by around six million people each year. A greater and greater proportion of these people live in developing countries where healthcare resources are particularly scarce. However, even in developed countries, large proportions of the population are disadvantaged or vulnerable for one reason or another.

Undoubtedly, the most significant contributor to disadvantage and vulnerability is the economic status of the individual, the family and the community. Article 25 of the Declaration of Human Rights states that: "everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including medical care". This basic right is a luxury that is denied to many. A substantial number

It is well known that the global population is ageing. Life expectancy has increased markedly in the last half century. A person born in 1950 could expect on average to live for 46 years. A person born in 2000 can expect to live for 65 years. While many elderly members of society are valued for their wisdom and cared for by their families and communities, they are all too often left in situations where they are extremely vulnerable.

Diabetes, particularly type 2 diabetes, and its complications are common among older people. These may only be part of a complex picture of multiple pathology. Access to healthcare which can deal with this complex picture is vital. However, older people often



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have lower incomes than the average population so they may have difficulties in accessing healthcare because of the associated cost. Furthermore, problems of mobility or difficulties in accessing information may compound their disadvantage and vulnerability.

Minority ethnic groups and indigenous peoples are also amongst the disadvantaged and the vulnerable. Amongst the latter, Aboriginal Australian people, Inuit communities, First Nation North Americans, Torres Strait Islanders and Maori New Zealanders are strongly affected by diabetes and may also be poor. In all cases they have undergone rapid transitions in their ways of life over the past two or three generations and now live very differently from their ancestors. A combination of this new environment and, in all likelihood, enhanced genetic predisposition to diabetes related conditions renders them vulnerable to premature mortality and disability.

- to draw attention to vulnerable groups
- to raise awareness of solutions that have been found and share best practices
- to engage networks, groups and individuals working with target communities to join the campaign and promote the campaign messages
- to support the global campaign for a UN resolution on diabetes
- to stimulate research that will foster a better understanding of the socio-cultural origins of diabetes among disadvantaged and vulnerable communities in order to inform the development of policies and practices that are culturally relevant to the prevention and management of diabetes.

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For minority ethnic groups that are first-generation migrants, language barriers can present an obvious problem. Other problems are generated by the attitudes and behaviour of the majority groups in which they live and the inflexible attitudes of some healthcare professionals. Culturally sensitive education programmes and awareness of the deeply held religious and cultural views of these minorities are essential to the improvement of their health in relation to diabetes and other conditions.

**The principal aims of IDF's campaign this year are:**

- to draw attention to communities that are disadvantaged
- to increase awareness among the international assistance community of the need to provide greater funding for non-communicable diseases
- to raise awareness among people with diabetes of the care possibilities available to them
- to persuade governments to tighten the welfare net so that individuals with diabetes do not slip through

Much is already under way in many communities to improve the lot of the disadvantaged and vulnerable. Organisations such as "Insulin for Life" ([www.insulinforlife.org](http://www.insulinforlife.org)) rapidly respond to situations of natural or man-made disaster in which people's lives are at risk if they are deprived of essential medical supplies such as insulin. People are their most vulnerable when flood, earthquake or tsunami renders them homeless, deprived of family and community support and cut off from the outside world. In more chronic situations such as being homeless or seeking political asylum, local initiatives to improve health also exist, though these are frequently sporadic and could be better co-ordinated.

We still have a long way to go to realise the vision of Article 25 of the Declaration of Human Rights. Large numbers of people in disadvantaged and vulnerable groups still do not have that standard of living adequate for the health. Campaigns such as IDF's Year of the Disadvantaged and vulnerable may go some way to sharpening the focus on these problems but real change requires sustained political and humanitarian awareness of these issues and a reduction in the root causes of this disadvantage and vulnerability. ■