Preventing Diabetes in Arizona

“There is no question that these diabetes prevention programs work, it’s just a matter of how you are going to pay for it.”

– Arizona state Sen. Heather Carter

Diabetes in Arizona

One in 10 Arizonans have diabetes, costing the state $6.8 billion a year, and one in three people in the U.S. have pre-diabetes. Latino, Black/African American, and American Indian/Alaskan Native populations are disproportionately affected by obesity and type 2 diabetes in Arizona. Heredity and ethnicity play a part, but even in high-risk individuals, type 2 diabetes can be prevented or delayed through maintaining a healthy lifestyle that includes regular exercise and a healthy diet. Many people in Arizona, however, face barriers to accessing healthy food, safe places to exercise and access to regular health care. These barriers to a healthy life can stem from income gaps and racial inequalities.

Starting the Discussion: Promoting Diabetes Prevention Policies in Arizona

The Southwest Interdisciplinary Research Center’s goal is to generate use-inspired knowledge and interventions to prevent, reduce and eliminate health disparities. In October 2018, SIRC and its Community Advisory Board put together a diabetes policy forum that:

• Highlighted findings from SIRC’s diabetes prevention research;
• Discussed challenges in translating effective diabetes prevention programs within the current healthcare system;
• Identified gaps in prevention and public policies, and
• Described the role of advocacy and educational efforts needed to inform the development of timely prevention policies that promote effective health policy.

The National Institute for Minority Health and Health Disparities funded the work under the U54 Specialized Center for Excellence, which seeks to advance knowledge on the prevention of cardiometabolic disease and substance abuse disorders in the Southwest. Several local sponsors also contributed to SIRC’s efforts: American Diabetes Association, Pastor Center for Politics and Public Service, Center for Health Promotion and Disease Prevention, Arizona Department of Health Services and the Arizona Diabetes Coalition.
“We all want to prevent diabetes and save the state money, have healthier communities, and live longer, healthier lives,” noted panelist, Julie Hoffman, chair of advocacy for the Arizona chapter of the American Diabetes Association. According to Flavio F. Marsiglia, Ph.D., SIRC’s founder and Regents Professor, “Sometimes ... the communities we work with don’t have a strong voice, they are not well-represented, they deal with stigma that comes not only with diabetes, but also the stigma that comes from being who we are; the language we speak, the color of our skin, our income level, so you have added levels of stigma that may keep some people quiet.” SIRC seeks to change this paradigm.

Action: Diabetes Prevention in Maryvale

In Maryvale, approximately 50 percent of households are single-parent, 50 percent of the population did not graduate high school, and 70 percent live below the federal poverty line. A 2016 survey reported that almost 50 percent of children and adolescents in Maryvale were overweight or obese.

In response to these challenges, a team of researchers and community partners (ASU’s Center for Health Promotion and Disease Prevention, St. Vincent de Paul Family Wellness Program, Mountain Park Health Center, and the Valley of the Sun YMCA) applied to and received funding from the Arizona Department of Health Services to create the ¡Viva Maryvale! Program. Its goal is to develop and test a community-based diabetes prevention program for high-risk families living in and around Maryvale. The program has been effective. Overall, families who participated in the program decreased their cardiovascular and diabetes risk factors, increased their physical activity, and improved their quality of life. Due to these promising outcomes, the American Journal of Preventive Medicine published its findings, which led to program expansion.

Next Steps

Diabetes prevention is a critical public health priority in Arizona, and SIRC continues to focus on improving health among vulnerable and underserved communities. The question still remains: How do communities get funding to support this type of work? According to Arizona state Sen. Heather Carter: “If you are going to be an effective advocate, you have to look at every issue that you are trying to advance, from both a political perspective and a policy perspective. If you come at it from just a policy standpoint, you will not be effective. ... So, find out who your elected lawmakers are, and send them an email [saying,] ‘I care about preventing diabetes.’”

Transforming lives, according to SIRC’s Dr. Gabriel Shaibi:

“The best part of ¡Viva Maryvale! has been watching participants transform their lives. One mother enrolled her son because he was obese and prediabetic. But after our health screening, she also enrolled in the program because she was prediabetic and had high cholesterol.

She and her son completely bought into the program, 100 percent attendance. They both lost quite a bit of weight and their glucose levels normalized by the end of the 12-week program. The mom built a strong relationship with one of the exercise trainers from the YMCA, and she and her son continued to use the YMCA facilities and stay in touch with program staff.

Fast forward to today, she is now leading exercise classes and working with the nutritionists from the Family Wellness Program to help others improve their health. This is in addition to her day job. She is a natural leader and has helped us think about new ways to reach and engage the community.”