

How COVID-19 fight is shaping the effort to end type 2 diabetes

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Sara Berg, MS

Senior News Writer

Amid the COVID-19 pandemic, diabetes prevention went virtual in North Carolina to help patients with prediabetes continue their lifestyle change journey. Yet even with remote options available, it was difficult to focus on diabetes prevention efforts because so much attention was set on COVID-19, said Brian Klausner, MD, medical director of WakeMed's Community Population Health program in Raleigh.

Yet the pandemic also is putting diabetes prevention efforts into a new light, explained Dr. Klausner, an internist who also is a physician champion for DiabetesFreeNC. That is the statewide initiative where AMA partnered with the North Carolina Medical Society and others to support collaborative efforts to end type 2 diabetes in the Tar Heel State.

Rather than think of the pandemic as having "derailed" diabetes prevention or other population health efforts, Dr. Klausner said that "COVID-19 expedited new perspective in how we can do a better job addressing historic roadblocks to community health initiatives, including those related to diabetes and prevention."

Get out into the community

"As we started to roll vaccination efforts and looked at how we do it in an efficient and equitable way—especially in some of our local COVID hot spot areas, we realized we had to get and collaborate close with trusted community partners," said Dr. Klausner. "It made everyone start thinking about how we need to do this more across medicine."

"In Wake County, where WakeMed is located, diabetes-related mortality is three times higher in Black residents compared to white residents, and if we're going to solve that, we're not going to solve it within the walls of our hospital systems," he said. As with COVID-19 vaccination efforts, "we have to work with community-based organizations and local governments and look at policies that can help us

to address larger underlying causes in our communities.”

For example, “with our YMCA diabetes prevention classes, we are exploring community-based interventions that focus on resident empowerment through education efforts provided in coordination with community partners, churches and medical providers that can hopefully increase enrollment,” Dr. Klausner said.

Educate and empower patients

The easiest case with prediabetes or type 2 diabetes to treat “is one that never occurs in the first place,” said Dr. Klausner. “So how do we take that mindset of how we approached ... the COVID-19 pandemic, and how do we apply those same principles around analyzing the data, identifying vulnerable or high-risk populations and communities, and then getting them the resources that they need to improve outcomes?”

While a lot of preventive care was disrupted by COVID-19, the pandemic, is “going to expedite the evolution of that thinking about getting outside of the hospitals, getting into the communities,” said Dr. Klausner, adding that it centers on giving the patients the knowledge and the tools to prevent bad health outcomes.

With COVID-19 vaccination, there was rightly a huge focus on “addressing any misconceptions and historic distrust,” he said. Sitting down to have similarly frank conversations could help “empower communities to not only manage the diabetes they have, but to prevent it in the first place.”

Join the movement of clinicians—such as Dr. Klausner—already taking a stand and Take the Pledge for DiabetesFreeNC.

The AMA Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies. This comprehensive and customized approach helps clinical practices and health care organizations identify patients with prediabetes and manage the risk of developing type 2 diabetes, including referring patients to a National DPP lifestyle-change program based on their individual needs.