

Public Health Aspects of Diabetes Workbook

Suggested responses to exercises

Exercise 1

Your answers might include

Data for more than 1 year (for trends) on...

... risk of diabetes/future prevalence

National lifestyle surveys egg HSfE – obesity figures, reports of diet and exercise

census data – population breakdown % ethnicity, age – 2001 now out of date? Accuracy/currency?

Any local surveys of immigrant populations?

... current prevalence

Local information - primary care diabetes registers BUT likely to miss cases

National - diabetes prevalence models BUT assumes local picture conforms to national risk factor profile

...Complications

National data on rates of complications

Local hospital episode statistics – admissions for diabetes and diabetes related illnesses. BUT numbers? Episodes ≠ persons

Might ask:

Clinicians providing services to people with diabetes - diabetologists, but also those treating complications – podiatrists, kidney specialists, cardiologists, those advising on living well? - nutritionists

Patients with diabetes

Populations at risk of diabetes egg community groups for elderly, BME?

Exercise 2

Your list might include:

Population	High risk
Ethics: Delivering healthy eating and exercise programmes to all normalises healthy behaviours	A high risk approach can stigmatises individuals – they may feel they are being asked to behave differently from everyone around them
Effectiveness: If everyone changing diet and lifestyle, it helps the high risk groups to change	individuals at high risk less receptive to population exercise messages therefore need specific interventions?
Costs: Too expensive to provide healthy lifestyle advice for everyone	Can focus resources just on the groups that really need it
Motivation: Without a population approach, it's easier for high risk to give up on lifestyle changes if family and friends are still eating unhealthily	Those at low risk have no motivation to adopt healthy behaviours. In contrast, those at high risk are more motivated to follow programmes because they are aware of their individual risks
Prevention paradox: you won't prevent diabetes in most individuals in the population by changing their lifestyles although you might have an effect on overall population risk	

See G Rose, Prevention paradox for blood pressure