

## **Diabetes, Age, and Health Status: Impact on Opportunities for Healthy Behaviors**

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**Context:** With the rise of diabetes and an aging population, it is important to evaluate differences in opportunities for healthy behaviors among patients (e.g., diabetics vs. non-diabetics). Primary care physicians can use this information to better understand their patients and the barriers that may limit them from achieving healthy behaviors.

**Objective:** The goal of this study is to determine how opportunities for healthy behaviors are correlated with diabetes, age, and health status.

**Human Subjects Review:** The study was approved for expedited review from the UTHSCSA Institutional Review Board.

**Design:** Medical student research assistants offered surveys to patients. Data was entered into a central database in Survey Monkey and statistical analysis was performed.

**Setting:** Patients were recruited from 8 health clinics in the Research Residency Network of Texas (RRNET).

**Patients:** Eligibility criteria include adults ages 18-74 who speak English or Spanish. Cognitively impaired or physically disabled patients are excluded. Surveys were offered to 829 patients with 637 completed surveys.

**Measures:** The survey included patient demographics, BMI, diet, physical activity, literacy, health locus of control, The Capability Assessment for Diet and Activity (CADA) scale, and Short Form-12 (SF-12) scale. CADA measured opportunities for healthy diet and physical activity. SF-12 assessed subjective health, function, and well being.

**Results:** Diabetic patients scored lower than non-diabetics on the CADA scale ( $p \leq 0.001$  for all subscales except Time). Age and CADA are positively correlated for Time ( $r=0.16$ ,  $p \leq 0.00$ ) and negatively for No Barriers ( $r=-0.13$ ,  $p \leq 0.001$ ). Health Status is positively correlated with CADA ( $p \leq 0.001$  for all subscales).

**Conclusions:** Diabetics have decreased opportunities for healthy behaviors and despite having more time, older patients acquire more barriers to food/physical activity. Physicians should be well informed about community resources and inform patients to provide more opportunities for healthy behaviors.