



Clinical Management for Diabetes Associated with the Concept of Socioeconomic Status (SES)

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Abstract

Diabetes mellitus has become a medical and social problem. For better diabetic management and improvement of the health care system, the concept of social determinants of health (SDOH) and socioeconomic status (SES) would be required. SES includes adequate diabetes care, medical cost, health condition, and regular access to care and cure.

Keywords

Diabetes Mellitus, Socioeconomic Status (SES), Social Determinants of Health (SDOH), Bio-Psycho-Social, Health Care System

Abbreviations

SES: Socioeconomic Status; SDOH: Social Determinants of Health

World Health Organization (WHO) has continued the prevention and management of diabetes and proposed the Global Diabetes Compact in last 2020 [1]. The purpose of the Compact includes several items, such as i) to leverage present capacities in the healthcare system, ii) to meet people's needs more holistic way, iii) to promote efforts to prevent diabetes especially the young generation, and others. A successful key would be the combined action among public, private, and philanthropic associations.

Diabetes mellitus has been a growing medical and social problem in all countries and districts worldwide [2]. The socio-economic gradient for diabetic prevalence is shown in high-income countries [3].

Further, this gradient seems to be continued for a long despite the improvement of the health care system in those countries [4,5]. In this paper, we describe the social determinants of health (SDOH) and socioeconomic status (SES), among other axes of symmetry for diabetes.

In medical practice and health care, population-based and value-based care have been emphasized. Then, the concept of social determinants of health (SDOH) has been gradually known for an intervention target for estimating health equity [6]. Recently, some comments for SDOH were proposed from medical associations, such as the Society of General Internal Medicine, the American College of Physicians, and

other organizations [7]. Moreover, the action perspectives tend to focus on the determinants for individuals and policy [8,9].

In diabetic practice, some basic matters exist including prevalence, incidence, adequate therapy, and economic problems [10]. ADA presented a comment about socio-ecological determinants of diabetes. Successively, ADA had an advanced health improvement project for the diabetes writing committee. It has the goal of clarifying diabetic risk and outcomes, academic literature for SDOH [11].

From previous literature, SDOH covers certain areas as follows [6]: i) social context (social support, relationship, and capital, social relationship), ii) health care (quality, accessibility, affordability), iii) local and physical circumstance (residence condition, building environment), iv) food environment (insecurity for food, accessibility for food) and v) socio-economic condition (occupation, education, income). According to academic reports, the health disparities for diabetes have been present in the light of adverse influence [12]. Social and environmental factors have been summarized as SDOH in WHO [13].

Among them, social environments seem to be rather main factors. They include societal and community context [14], social capital, social cohesion, and social elements [15]. Health care has been found as an SDOH in the Healthy People 2020, WHO, County health rankings models, associated with accessible factors. WHO regards the health system as one of the SDOH which can give a message of determinants of several health outcomes [15].

On the other hand, it is socioeconomic status (SES) that may influence all related aspects of diabetic treatment in the clinical practice [16]. Actually, lower SES diabetic cases are likely to have some barriers to adequate diabetes care, including medical cost, unsatisfactory health condition, and regular access to care and cure [17]. SES has revealed the multidimensional construct, associated with the occupational, economic, and educational situation [18]. SES has been related to all factors of SDOH [13]. They include medical care, health care, nutrition, social

resources, housing, transportation, and so on. The factors of SES and diabetes were investigated for observational studies [19]. It included 28 investigations including diabetic complications, retinopathy, cardiopathy, and others.

In summary, SDOH and SES concerning diabetes were introduced. This information will be hopefully useful for developing a bio-psycho-social perspective in clinical practice.

Conflict of Interest

The author has read and approved the final version of the manuscript. The author has no conflicts of interest to declare.

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