

# Diabetic Care for People Living in Osaka's Airin District, One of Japan's Poorest Communities

P-0714

Shinobu Yamato<sup>1</sup>, Miwako Takakura<sup>1</sup>, Mako Furukawa<sup>1</sup>, Yuriko Shutta<sup>1</sup>, Haruhiko Okumura<sup>1</sup>, Shinobu Saito<sup>1</sup>, Kazuko Nin<sup>2</sup>

<sup>1</sup>Osaka Social Medical Center

<sup>2</sup>Department of Human Health Sciences, Graduate School of Medicine, Kyoto University

社会福祉法人 大阪社会医療センター附属病院

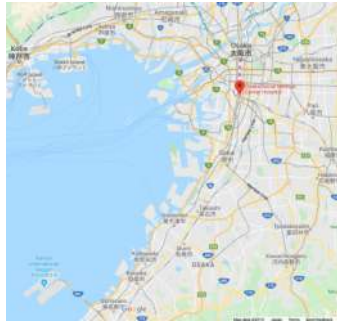


## Background

The "Airin" District of Osaka is one of the poorest communities in Japan, in just 0.62 km<sup>2</sup> yet a population of about 25,000. Most residents are poor and old. Many are semi-employed male day-laborers. The proportion of residents who receive public assistance is the highest in Japan. The Osaka Social Medical Center (OSMC) was founded in 1970 to provide free or low-cost care to the district's residents.



**Airin**  
0.62 km<sup>2</sup>, ≈25,000



**Osaka Social Medical Center**  
Employment Security Office and Labor Welfare Center used to be in this building

ESO and LWC closed this spring. The hospital will move to a nearby location in December 2020

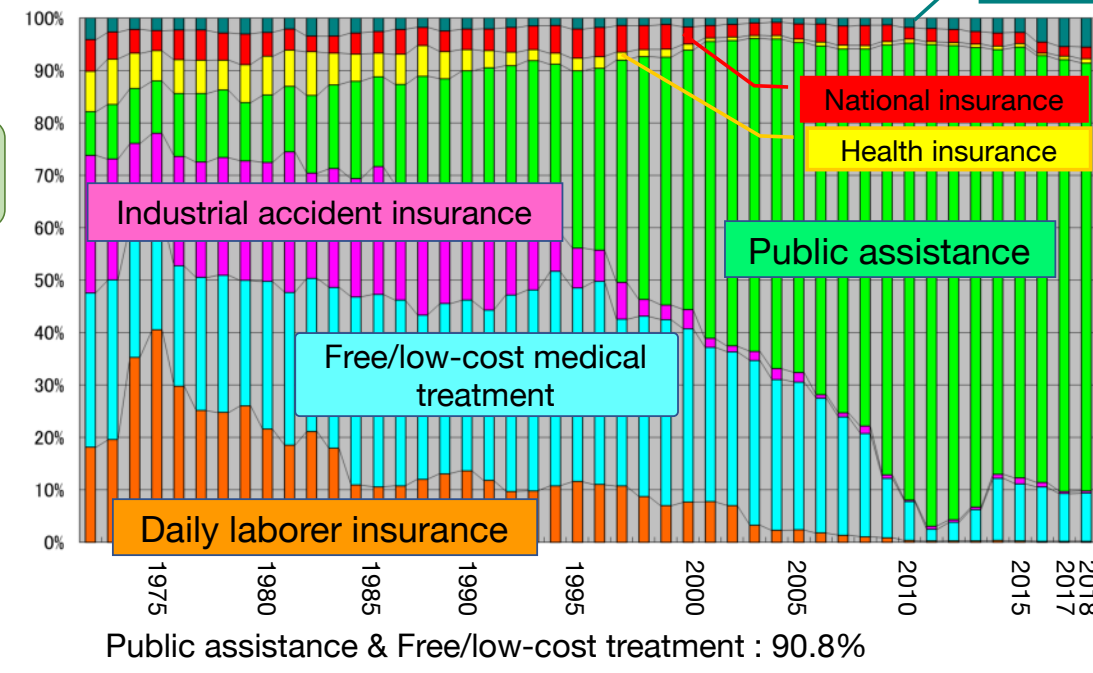
One-night shelter



Some are "settled" around the hospital



## Transition in medical security for outpatients at OSMC



## Hospital Overview

### Clinical departments:

Internal medicine/Surgery/Orthopedics/Dermatology/Psychiatry/Urology  
Endocrine outpatient: twice a week, 2 part-time doctors

### Average number of outpatients:

209 people/day in 2018  
- October: 622 out of 2,565 patients to internal medicine had diabetes

### Staff:

Nurse: 8 full-time including 1 CDEJ, 1 part-time  
Registered dietitian: 1 full-time

### Beds:

80, male only  
75% utilization rate  
Mixed ward for Internal medicine/Surgery/Orthopedics



Diabetes education provided

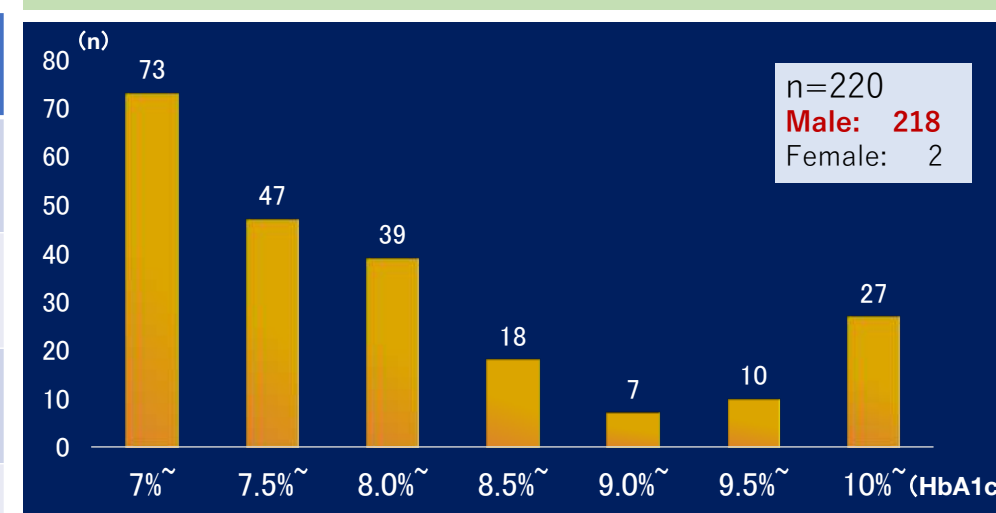
## Leading diseases at outpatient at OSMC (ICD-10\*)

	October 21, 1993 (n=257)	October 23, 2016 (n=203)
1	<b>Digestive Disease (30%)</b> Gastric ulcer, Gastritis, Liver Disorder	<b>Cardiovascular Disease (51%)</b> Hypertension, Old myocardial infarction, etc.
2	<b>Cardiovascular Disease (25%)</b> Hypertension	<b>Endocrine, Nutrition, Metabolic Disease (18%)</b> Diabetes, Dyslipidemia
3	<b>Respiratory Disease (25%)</b> Cold, asthma, Bronchitis, etc.	<b>Respiratory Disease (16%)</b> Bronchia asthma, Bronchitis, etc.
4	<b>Endocrine, Nutrition, Metabolic Disease (13%)</b> Diabetes, Dyslipidemia	<b>Digestive Disease (11%)</b> Chronic hepatitis, Liver cancer

By sociology research at OSMC

\* International Statistical Classification of Diseases and Related Health Problems

## HbA1c, in October ~ December, 2018 at OSMC



\* the number of outpatients with HbA1c over 7%.

\* the highest value was used for outpatients who took multiple tests in 3 months.

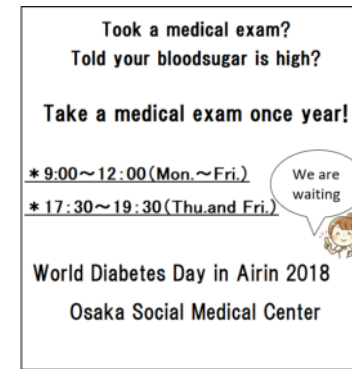
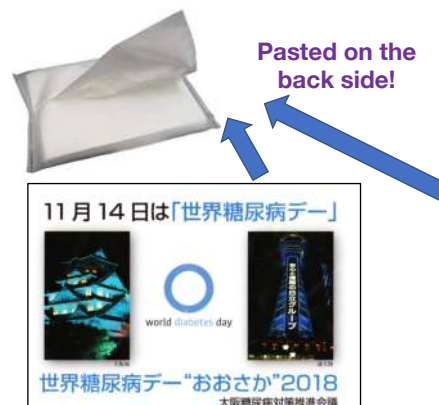
## Outpatients with ≥10% HbA1c in Oct. 2018 at OSMC

All single male, 11 with public assistance, 1 without insurance

Patient	Age	HbA1c (%)		Description	Medial status	Hospital visit	Phone
		2018	Present				
A	47	11.9	10.8	Homeless, first visit with injury	Hypertension	Suspended	-
B	48	10.8	9.9	Drinking, obesity	Hypertension, fatty liver	Suspended	-
C	49	13.2	8.6	Repeated interruptions	Hypertension	Continuing	-
D	49	13.9	9.3	Transferred from another clinic	Hypertension, hyperuricemia, old myocardial infarction	Continuing	-
E	57	10.0	7.3	Obesity, first visit with cold	Hypertension, atrial fibrillation	Continuing	○
F	57	15.3	7.2	First visit after medical exam provided by NPO	Hypertension, hyperuricemia	Suspended	-
G	66	13.8	8.5	Repeated interruptions, transferred from another clinic	Hypertension, dyslipidemia, cerebral infarction	Continuing	○
H	67	10.5	10.4	Visit after interruptions	Hypertension, hyperuricemia	Continuing	-
I	67	11.8	7.1	Repeated interruptions and clinic transfers	Hypertension	Continuing	-
J	68	14.2	6.0	First visited with thirst and weight loss, no medical history	-	Continuing	-
K	69	12.2	-	Repeated interruptions and clinic transfers	-	Suspended	-
L	69	13.3	12.4	Repeated interruptions and clinic transfers	Hypertension, hyperuricemia	Suspended	-

## Aim

- Encouraging residents in the Airin district to take medical exam for diabetes and regular consultation, though campaigns including World Diabetes Day.
- Encouraging diabetic patients at OSMC to use a Diabetes Coordination Notebook (DCN) for support with disease treatment and care.



## Methods

- During World Diabetes Day events in 2017 and 2018, we handed on 500 tissue packets with the logo of World Diabetes Day (provided by Osaka Association for Diabetes Education and Care) to residents in Airin (approx. 2% of the population). Our campaign message encouraged them to visit health providers and receive appropriate treatment in case of any diabetes-related diagnosis.
- From April 2019, DCNs were given to our diabetes outpatients who visited local ophthalmologists and dentists, visited surgeons because of foot disorders, or performed home self-tests (blood pressure and foot condition described in DCN). They were asked to bring their DCNs when visiting OSMC.

## Diabetes Coordination Notebook



Special message to encourage the owner to visit us.

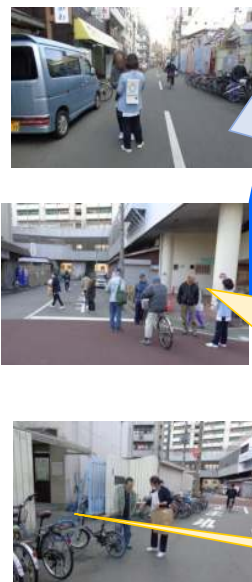
Regular visit to Doctors is very important to you. If you unable to visit the hospital for any reason, please consult with the staff.

Feel free to call us!  
Osaka Social Medical Center Hospital  
1-3-44 Haginochaya Osaka  
Tel:06-6649-0321

Patients are encouraged to bring their DCN to their ophthalmologists or dentists.

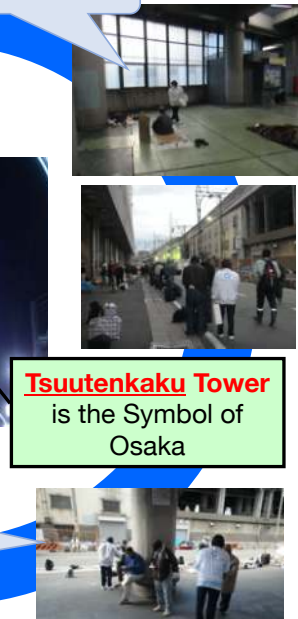
26 people currently have DCN as of this October.

2017



"Are you all right?"  
"Today is World Diabetes Day, Tsutenkaku Tower lighted up in blue."  
"I'm afraid I have diabetes."  
"Keep seeing your doctor."  
"I'll visit OSMC."

2018



"If you feel unwell, come to our hospital."  
"Do you have a regular checkups?"

2019



"I am very tired."  
"Take medical exam once a year."  
"I'd better go to the examination."

## Discussion

Our programs with World Diabetes Day and Diabetes Coordination Notebook are just beginning, but providing more opportunities for necessary medical supports to the patients in the Airin district. Providing appropriate medical supports to the elderly poor who live alone with diabetes is not only a local, but also a global issue, and our programs should give clues to its solution.

We also believe that continuous education is an effective prevention measure to promote early treatments against life-style diseases such as diabetes.

We are now recording patients' weight every time they visit us, and examining their feet whenever possible.

