

MUNICIPAL AND DEPARTMENTAL PREDICTORS ASSOCIATED WITH THE PREVALENCE OF DIABETES MELLITUS IN COLOMBIA: A CROSS-SECTIONAL ANALYSIS



Juan Pablo Pérez Bedoya ^{(1,2)*}, Lissette Gómez Zapata ⁽¹⁾, Lina Marcela Ruiz Galvis ⁽¹⁾, Elizabeth Herrera Franco ^(1,2), Flor Enid Taparcua Cardona ^(1,2), Oscar Ignacio Mendoza Cardozo ^(1,2), Carlos Andrés Pérez Aguirre ⁽³⁾, Noël Christopher Barengo ⁽⁴⁾, Paula Andrea Diaz Valencia ^(1,2).

⁽¹⁾ Epidemiology Group, National Faculty of Public Health, University of Antioquia UdeA, 70th Street No. 52-21, Medellin, Colombia. ⁽²⁾ Study Group on Type 1 Diabetes Epidemiology (EpiDiab), University of Antioquia, Medellín, Colombia. ⁽³⁾ Statistics Institute, National University of Colombia, Medellín, Colombia..⁽⁴⁾ Department of Medical Education, Herbert Wertheim College of Medicine & Department of Global Health, Florida International University, Miami, FL, United States of America.

*Contact: juan.perez42@udea.edu.co Telephone number: +57 (302-216-97-73)

Background and objective

Scientific evidence on contextual predictors of diabetes related to different levels of geographic location in Colombia is scant. Therefore, the objective of the study was to analyze the municipal and The ICC of the null model was 25.52%. The level 1 predictors statistically associated with diabetes prevalence were the proportion of patients with adequate BMI control (beta coefficient -0.007 (-0.013 to - 0.001)), the proportion of individuals aged 60 years or older (beta coefficient 0.016 (0.001 to 0.031)), and

Results



departmental factors associated with the prevalence of diabetes in Colombia.

Methodology

Study design: Cross-sectional and ecological analytical study of secondary sources at the population level.

Dependent variable and source of information:

• Prevalence of diabetes mellitus at the municipal level collected from the Colombian High-Cost Account database.

Independent variables and sources of information:

- Proportion of households with experience of self-consumption of food at the departmental level collected from the National Nutritional Situation Survey (ENSIN 2015).
- Percentage of general population patients with a Body Mass Index (BMI) of 20-25 Kg/m2 at the municipal level collected from the Colombian High- Cost Account database.
- Proportion of individuals aged 60 years or older and the proportion of

the proportion of women (beta coefficient 0.202 (0.168 to 0.236)) with an ICC of 20.66%.

- After adjusting for level 1 predictors, the proportion of households with experience of self-consumption of food* was the contextual predictor (level 2) associated with diabetes prevalence (beta coefficient -0.027 (-0.044 to -0.011)) with an ICC of 16.67%.
- That is, the greater the proportion of households that produce food at home at the departmental level, the lower the prevalence of diabetes at the municipal level.

Table 1. Multilevel linear regression model results

| | Null model | Model with municipality predictors | Model with municipality and department predictors | |
|---|------------------------|------------------------------------|--|--|
| Fixed effects | Coefficients (95% IC) | Coefficients (95% IC) | Coefficients (95% IC) | |
| Intercept | 1.404 (1.171 to 1.635) | -9.791 (-12.028 to -7.535) | -9.141 (-11.385 to -6.878) | |
| Level 1 (municipalities) | | | | |
| Proportion of BMI 20-25 kg/m ² | | -0.007 (-0.013 to -0.001) | -0.007 (-0.013 to -0.001) | |
| Proportion 60 years or more | | 0.016 (0.001 to 0.031) | 0.017 (0.002 to 0.032) | |
| Female proportion | | 0.202 (0.168 to 0.236) | 0.200 (0.167 to 0.234) | |
| Level 2 (departments) | | | | |
| Proportion of self-consumption of food* | | | -0.027 (-0.044 to -0.011) | |
| | | | | |

women for each municipality was estimated from the 2018 National

Census population projections.

Statistical analysis plan

Statistical model: We developed a two-level data structure, level 1 (municipalities) and level 2 (departments). We fit a multilevel linear regression model with random intercepts. We report the regression coefficients with 95% CI, the variances of both levels and the intraclass correlation coefficient (ICC).

Null model:

 $\begin{aligned} \textbf{Diabetes prevalence}_{ij} &= \\ \beta_{0_{ij}} + u_{0_j} + e_{0_{ij}} \\ i &= Level \ 1 \ (municipalities) \\ j &= Level \ 2 \ (departments) \\ \beta_{0_{ij}} &= Intercept \ value \end{aligned}$

| Random effects | Variance | Variance | Variance |
|--|----------|----------|----------|
| Level 1 (municipalities) | 1.077 | 0.957 | 0.954 |
| Level 2 (departments) | 0.371 | 0.250 | 0.189 |
| Intracluster correlation coefficient (ICC) | 25.621% | 20.712% | 16.535% |
| Relative change variances | | | |
| Level 1 (municipalities) | | 11.142% | 11.420% |
| Level 2 (departments) | | 32.614% | 49.056% |
| Relative change ICC | | 19.160% | 35.463% |
| Goodness of fit | | | |
| Akaike | 3346.585 | 3199.075 | 3198.477 |

*Proportion of self-consumption of food: Percentage of households that implemented protective factors for

food security based on self-Consumption, such as gardening for food production or animal husbandry and ways other than purchasing to obtain food (ENSIN Survey 2015).

Intracluster correlation coefficient (ICC):

 $u_{0_i} = Variance of level 2 residuals$

 $e_{0_{ii}} = Variance \ of \ level \ 1 \ residuals$

Model with municipality predictors:

 $Diabetes \, prevalence_{ij} = \beta_{0_{ij}} + BMI_{ij} + Age_{ij} + Female_{ij} + u_{0_j} + e_{0_{ij}}$

Model with municipality and department predictors:

 $Diabetes \ prevalence_{ij} = \beta_{0_{ij}} + BMI_{ij} + Age_{ij} + Female_{ij} + Self \ consumption_j + u_{0_j} + e_{0_{ij}}$





Conclusions

This study suggests that food sovereignty explained by the higher proportion of departments with households that prepare their own food and have local production of fruits, vegetables and animals for human consumption, have lower proportions of diabetes at the municipal level. Contributing to the hypothesis that contextual factors, related to individual, demographic and social determinants, as well as diets low in industrialized foods, may partly explain the prevalence of diabetes at the municipal level in Colombia.