Relations between Inflammation, access to care and Diabetes in two repesentative populations of China and Mexico.

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Abstract

Background. Background goes here. *Methods.* Methods go here. *Results.* Results here. *Conclusions.* Conclusions here.

Keywords: Diabetes, access to care, inflammation, health, Mexico, China

Word count: X (this cannot easily be done automatically, we can also just leave it out)

Relations between Inflammation, access to care and Diabetes in two repesentative populations of China and Mexico.

```
##
## Call:
## lm(formula = crp ~ hba1c * dt_exrcse + age, data = data)
##
## Residuals:
##     Min      1Q  Median      3Q     Max
## -2.0161 -1.2338 -0.7117  0.8199  5.8697
##
## Coefficients:
##                   Estimate Std. Error t value Pr(>|t|)
## (Intercept)       2.855069   1.316352   2.169   0.0308 *
## hba1c            -0.009193   0.111426  -0.083   0.9343
## dt_exrcse2       -0.725946   1.229277  -0.591   0.5552
## age              -0.008813   0.012393  -0.711   0.4775
## hba1c:dt_exrcse2  0.060807   0.140647   0.432   0.6658
## ---
## Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
##
## Residual standard error: 1.784 on 322 degrees of freedom
##   (1767 observations deleted due to missingness)
## Multiple R-squared:  0.006125,   Adjusted R-squared:  -0.006221
## F-statistic: 0.4961 on 4 and 322 DF,  p-value: 0.7386
```

The descriptive statistics for our sample look as follows:

Table 1

Descriptive statistics.

	Mexico
N_{total}	2094
Sex	
male	836 (39.90 %)
female	1254 (59.90 %)
unknown	4 (0.20 %)
Age	67.80 (SD = 9.10)
Diabetes	
diagnosed	327 (15.60 %)
undiagnosed	205 (9.80 %)