

A National Approach

State Programs Reduce Diabetes in African Americans

By Aimee Swartz
Closing the Gap, Diabetes • September/October 2002

“Here in South Carolina, African American men are almost twice as likely to die of diabetes as White men, and African American women are more than four times as likely to die of the disease as Whites,” said Rhonda Hill, PhD, a division director with the South Carolina Diabetes Control Project. “African Americans are also likely to suffer amputations and end-stage renal disease.”

With outcomes like these, diabetes control has become a major issue for state health departments. The Federal Centers for Disease Control and Prevention (CDC) makes assistance to state diabetes control programs (DCPs) an important element of its national strategy to reduce the incidence of diabetes, in the U.S., providing money and technical assistance to DCPs in 50 states, the District of Columbia, and eight U.S.-affiliated jurisdictions.

State programs like South Carolina’s are designed to improve access to affordable, high-quality diabetes care and services, with priority on reaching high-risk and disproportionately affected populations. Other goals of state-based DCPs include: determining the scope of diabetes-related problems, why they exist and how to prevent them; developing and evaluating new strategies for diabetes prevention; increasing awareness of diabetes prevention and disease management within the community; and improving access to quality diabetes care to prevent, detect, and treat diabetes complications.

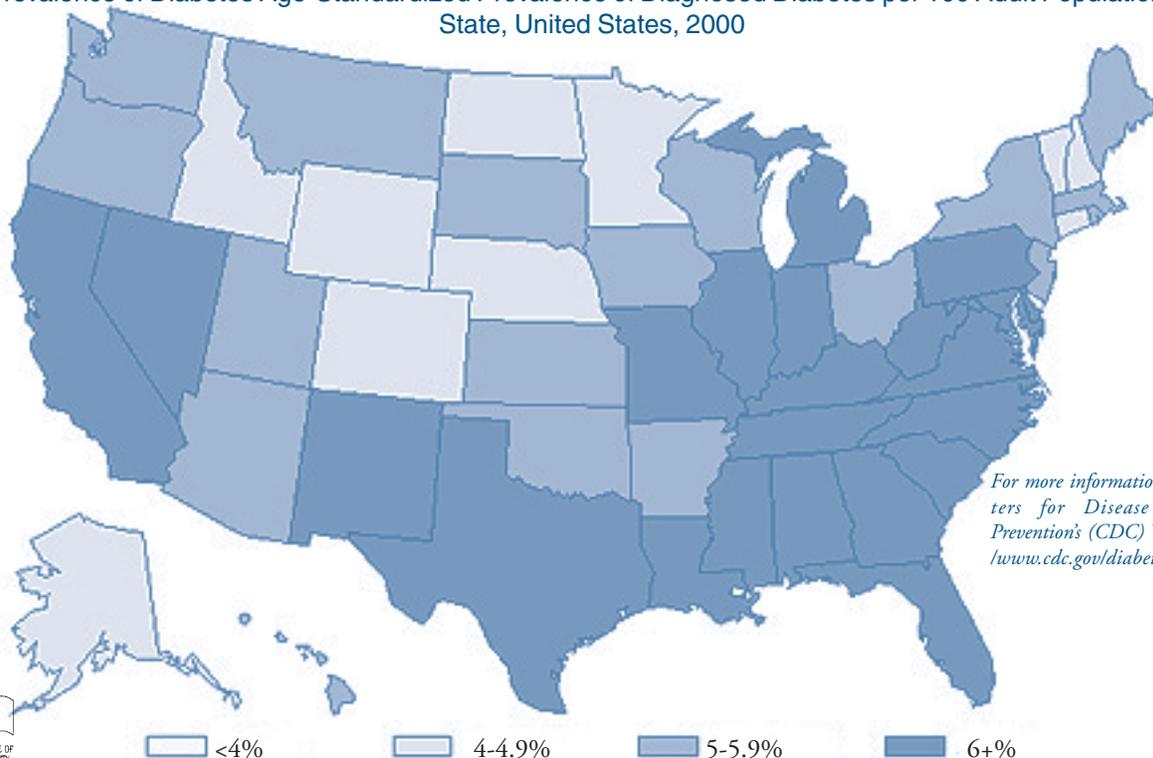
The South Carolina Department of Health has received CDC funds for diabetes control since 1994. Diabetes is the sixth leading cause of death in South Carolina. “Our primary target group is African Americans, because they are more likely to suffer disproportionately from diabetes,” added Hill.

The Department’s projects target three primary areas: health systems, health communication and coalitions, and community education.

- Health systems. Project targets community health centers for interventions that are designed to improve diabetes care in office-based practices in medically underserved areas, and to increase the diabetes self-management skills in patients who attend these clinics. Approximately 90 percent of the patients served are African American. Other priority populations are the elderly, the uninsured, and the underinsured.
- Health communication and coalitions. Project develops coalitions at the community level for better resource use and advocacy. For example, the project created and maintains an Internet list-serve to enable diabetes patients to share ideas and current information.

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Prevalence of Diabetes Age-Standardized Prevalence of Diagnosed Diabetes per 100 Adult Population by State, United States, 2000



For more information, go to the Centers for Disease Control and Prevention’s (CDC) Web site at <http://www.cdc.gov/diabetes>



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➤ **Community education.** Project conducts community-based, community-owned programs for the prevention and management of diabetes. The project implements the CDC's signature *Diabetes Today* program, which mobilizes communities to raise awareness of the burden of diabetes. A major educational effort is the Annual African American Conference on Diabetes. Held every November in observance of National Diabetes Awareness month, the conference targets patients, caretakers, health care professionals, and interested community members.

South Carolina has an immediate goal of increasing the number of diabetes patients who receive appropriate preventative measures, such as foot exams, hemoglobin A1c tests, flu shots, and pneumonia vaccinations. Its long-term goal is to achieve a reduction in disparities of complications and preventable deaths from diabetes in South Carolina among African Americans.

Reducing Complications and Death

As in South Carolina, diabetes threatens the lives of many residents in Ohio. A study conducted by the Central Ohio Diabetes Association found that diabetes and its long-term morbidity and mortality rates have increased dramatically in citizens of central Ohio, particularly in African American males. The reason for the increased rates of diabetes and its related complications were attributed, in part, to higher rates of obesity, hypertension, physical inactivity, and heredity, as well as lack of access to health care and lower socioeconomic status.

In response to this problem, in 2001, the Ohio Commission on Minority Health launched the Ohio State University (OSU) Community Diabetes Partnership Project—a five-year study to determine whether intensive intervention of diabetes control will prevent long-term complications and death from diabetes-related complications.

“There had been increasing evidence that diabetes care teams that were lead by a diabetologist were more successful at reaching the patient's treatment goals than a primary care physician, but we hadn't seen that studied in inner city America,” said Cheryl Boyce, MS, executive director, Ohio Commission on Minority Health.

During the five-year project, health care providers from OSU attend neighborhood clinics on a monthly basis to provide expert care for diabetic patients attending the clinics. At each visit, a physician, dietician, and diabetic educator evaluate the patient.

The primary endpoints are the improvement in fasting glucose less than 120 mg/dl and A1c test results less than 7 percent. The secondary endpoint is to demonstrate that an intensive community-based diabetes care program reduces the rate of long-term complications and cardiovascular deaths.

In addition to the study, the Commission is also addressing diabetes through its Coalition of Networking Neighbors Effecting Change Together (CON-

NECT) program. CONNECT seeks to address higher death rates in the African American community through health assessments, including screening for cholesterol and glucose and blood pressure monitoring; classes that teach heart-healthy cooking and shopping; exercise classes; and assessment and evaluation of changes in healthy behavior, risk reductions, and incentives to change unhealthy behavior.

“We're trying to change health outcomes for African Americans by changing their behavior,” Boyce explained.

CONNECT is comprised of participants from the minority community, community-based health care providers, student volunteers, and members of a local church. CONNECT advertises its services through local television, radio, and newspapers, as well as religious, social, and political networks.

For more information on the South Carolina Diabetes Control Program, contact Dr. Rhonda Hill at 803-898-0757. ❖

For more information on diabetes in Ohio, contact Cheryl Boyce, Ohio Commission on Minority Health at 614-466-4000. ❖

What is Your Eye-Q?

Do you know that diabetic eye disease is a leading cause of blindness? If you have diabetes, do you know how to reduce your risk of visual loss?

Below are a few questions to test your Eye-Q from the National Eye Institute. The answers are below upside down.

1. Diabetic eye disease usually has early warning signs.
True_____ False_____
2. People who have good control of their diabetes are not at high risk for diabetic eye disease.
True_____ False_____
3. The risk of blindness from diabetic eye disease can be reduced.
True_____ False_____

1. **False.** Often there are none in the early stages of the disease. Vision may not change until the disease becomes severe.
2. **False.** Glaucoma is almost twice as likely to occur in people with diabetes than in those without the disease.
3. **True.** With early detection and timely treatment, the risk of blindness from diabetic eye disease can be reduced.

To see the complete quiz, both in English and Spanish, contact the National Eye Institute at <http://www.nei.nih.gov> ❖

