

## *African Americans are disproportionately affected by poor diabetes outcomes, including diabetes ulcers and amputation due to challenges with access to care.*

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### *Abstract*

**Statement of the Problem:** African Americans are disproportionately affected by poor diabetes outcomes, including diabetes ulcers and amputation due to challenges with access to care. Racial and ethnic disparities persist in the prevalence, access to diabetes care, diabetes complications and mortality, and quality of diabetes care (Hu, Shi, Liang, Haile & Lee, 2016). According to the Center for Disease Control and Prevention (CDC), the risk of diabetes is 77% higher among African Americans than Whites. According to Bonner, Guidry and Jackson (2018) among African American with diabetes type 2, regardless of education level or gender, there are significant differences between translations of foot care knowledge into actual foot self-care. Despite the minorities being disproportionately affected by the disease, African American experience lower quality of care and encounter more barriers to access care and self-management (Meng et al., 2016; Tan et al., 2016).

The purpose of the project was to improve diabetic care among African American by enhancing foot care, screening, and management in a predominantly African American neighbourhood in Miami-Dade

**Methodology & Theoretical Orientation:** A pre and post-intervention study was used to study the impact of a customized electronic health record (EHR), reminders and self-care education on diabetic ulcer management. The theory of chronic care model was used to empower diabetic patients with culturally appropriate diabetes patient education.

**Findings:** The prevalence of diabetes foot ulcers among African Americans in the study reduced significantly from 23% to 9% while the number of amputations dropped from 3 pre-program to zero. Practitioners at the clinic demonstrated increased efficiency in documenting diabetic foot ulcers and enhanced utilization updated American Diabetes Association (ADA) diabetes ulcers screening and examination guidelines.

**Conclusion & significance:** providing comprehensive diabetes care in primary care have the potential to reduce the prevalence of diabetes foot ulcers and the probability of amputation. It facilitates timely referral to specialists. Providing culturally appropriate diabetes self-care education is also associated with improved self-care and reduced diabetes complications.

### *Publications*

1. Bonner, T., Guidry, J., & Jackson, Z. (2019). Association between foot care knowledge and practices among African Americans with Type 2 Diabetes: An exploratory pilot study. *Journal of the National Medical Association*, 111(3), 256-261.
2. Hu, R., Shi, L., Liang, H., Haile, G. P., & Lee, D. C. (2016). Racial/ethnic disparities in primary care quality among type 2 diabetes patients, medical expenditure panel survey, 2012. *Preventing chronic disease*, 13, E100-E100.
3. Jeffcoate, W., Vileikyte, L., Boyko, E., Armstrong, D., & Boulton, A. (2018). Current challenges and opportunities in the prevention and management of diabetic foot ulcers. *BMJ Open Diabetes Research & Care*, 41 (4), 645-652.
4. Meng, Y., Diamant, A., Jones, J., Lin, W., Chen, X, Wush, S. H., Pourant, N...& Kominski, G. (2016). Racial and ethnic disparities in diabetes care and impact of vendor-based disease management programs. *Diabetes Care*, 39 (5), 743-749. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26965718>
5. Tan, T. W., Shih, C. D., Concha-Moore, K. C., Diri, M. M., Hu, B., Marrero, D., ... & Armstrong, D. G. (2019). Disparities in outcomes of patients admitted with diabetic foot infections. *PLoS One*14(4), e0215532].

### *Biography:*

Yudith Pando, Armp at Santa lucia surgical center, Hialeah, Florida

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