

# Diabetes in african american population in south carolina



## Abstract

Diabetes is a serious disease, which often leads to complications, such as blindness, kidney failure, heart attacks, strokes, and amputations. High blood pressure and abnormal cholesterol levels are frequent. Diabetes has an immense impact on public health and medical care. In South Carolina medical costs rise with increased duration of the disease, and lifespan is shortened by 5-10 years in most patients.

In 2011, diabetes affected 25.8 million people in the United States with 7 million undiagnosed cases (CDC, 2011). In terms of racial and ethnic disparity, the outlook becomes more dismal, as racial and ethnic minorities are disproportionately affected and are more likely to have complications than their White counterparts, especially when they are unable to access the health care system for management and care (Lavery, et. al., 1999).

Approximately 450,000 South Carolinians are affected by diabetes, many of who were still undiagnosed in 2010. One of every five patients in a South Carolina hospital has diabetes, and one in every ten visits to a South Carolina emergency room is diabetes related. The total charges for diabetes and diabetes-related hospitalizations and emergency room visits were over \$4.2 billion in 2010.

Diabetes is the seventh leading cause of death in South Carolina, directly or indirectly claiming more than 3,000 lives each year, and the fifth leading cause of death in African Americans, claiming about 1,200 African American lives each year. Most diabetes deaths occur in persons over age 60.

Minorities, predominantly African Americans, experienced a substantially

higher death rate and more years of potential life lost than Whites. The racial disparity in mortality has widened over the past 10 years. The racial disparity is narrowing in diabetes prevalence, primarily, because the prevalence in the White population is increasing.

#### Suitable Agency and Funding

The SC DHEC Division of Diabetes Prevention and Control has been funded by the Centers for Disease Control and Prevention's Division of Diabetes Translation since 1994. In addition, in July 1994, the South Carolina Legislature established the Diabetes Initiative of South Carolina (DSC), with a Diabetes Center of Excellence at the Medical University of South Carolina (MUSC) and a governing Board, and three active councils. DSC works closely with DHEC's Diabetes Division via its Board of Directors and Surveillance and Outreach Councils, committees, and task forces. A Ten Year Strategic Plan was implemented by DSC in 1998 and evaluated in 2009, and the results are reported in the SC Medical Journal (Myers, 2011). Results from successive Burden of Diabetes in South Carolina reports have been used to monitor progress of the strategic plan.

The South Carolina Division of Diabetes Prevention and Control is housed and managed within the South Carolina Department of Health and Environmental Control's (DHEC) Bureau of Community Health and Chronic Disease Prevention. Through partnerships and related community and statewide interventions, the SC Diabetes Division overarching goals and objectives are to:

- Prevent complications, disabilities, and burden associated with diabetes; and
- Eliminate health disparities;

The division plans to accomplish this through:

- uniformed diabetes guidelines of care endorsed in the state;
- diabetes guidelines of care incorporated into clinical outcomes; and
- Increasing the percent of people living with diabetes receiving standards of care.

The division's target populations are the disparate populations within our state, which include African Americans and Hispanic/Latinos as well as the elderly. The top issue is to ensure that all people with diabetes receive the recommended diabetes standards of care from their healthcare providers to support self-management, particularly in rural health settings as well as to increase resources for improved diabetes management in South Carolina.

Since a primary mission of the division has been to ensure a coordinated approach to diabetes prevention and control efforts, the division has established linkages and collaborated with key agencies and organizations across the state to access to evidence-based information and expertise to ensure we are doing all we can to reduce the burden of diabetes in our state.

The DHEC Diabetes Division partnered with the REACH US: SEA-CEED Program (Racial and Ethnic Approaches to Community Health) and the Diabetes Initiative of South Carolina (DSC) to develop a state-wide diabetes advisory council, which worked together to develop state-wide guidelines for

diabetes care and are currently working together to produce the next state-wide diabetes strategic plan.

The Diabetes Division is designing a multi-year plan tailored for the characteristics of South Carolina Federally Qualified Health Centers. The goal of this initiative is to sustain health systems that support good chronic care management for people living with chronic diseases, through the institutionalization of quality improvement (QI) in clinics across the state. By reaching this goal, the Diabetes Division and key partners uphold the philosophy that creating an environmental change in the health care system that makes the delivery of high quality chronic disease care the “ easy choice” for health care providers. This change in the environment will be reflected in chronic disease indicators. Improvements in such indicators will result in a reduction in complications, burden, and disability of diabetes and other chronic diseases.

By way of expanding and widening linkages, the division will continue to collaborate with other internal and external programs and agencies such as. DHEC’s Bureau of Community Health and Chronic Disease Prevention, regional public health offices, and Office of Minority Health.

## Conclusion

Approximately 2, 500-3, 000 South Carolinians die from diabetes every year, including deaths from diabetes as the underlying cause and deaths where diabetes was a contributing cause. Diabetes-related mortality has decreased by 28% in the overall population, and by 40% in African American females in 10 years. The majority (82%) of deaths from diabetes occurred among <https://assignbuster.com/diabetes-in-african-american-population-in-south-carolina/>

people aged 60 and older. Race-sex specific mortality tracked closely with the patterns of diabetes-related risk factors and morbidity. Minorities, predominantly African Americans, experienced a substantially higher death rate, and greater years of potential life lost, approximately three times that of the White population. Culturally appropriate, innovative communication and education programs are needed to reduce the tremendous burden in this population. Meanwhile, increasing awareness, access to care, and diabetes management are critical for people with diabetes. Increasing resources for diabetes control in South Carolina, particularly rural health settings, and targeting high-risk populations are objectives of the Diabetes Initiative of South Carolina and the DHEC Division of Diabetes Prevention Strategic Plan.

## References

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