

Racial and Ethnic Approaches to Community Health (REACH)

South Carolina

Medical University of South Carolina: Improved Diabetes Care and Control for African Americans

In South Carolina, African Americans have a greater risk than whites for developing diabetes and a greater risk for developing diabetes-related complications such as heart disease, stroke, blindness, renal failure, and amputations. In addition, African Americans with diabetes living in Charleston and Georgetown counties reported a lower quality of diabetes care, as well as higher rates of heart disease, amputations, and kidney disease compared with whites and members of other racial and ethnic groups.

The goal of the REACH Charleston and Georgetown Diabetes Coalition is to improve diabetes care and control for more than 12,000 African Americans with diabetes. The Coalition works to: 1) help people better manage their diabetes; 2) help health care providers give better diabetes care; and 3) build community advocacy and support to sustain these efforts. The Coalition continues to carry out a comprehensive community action plan, using strategies such as establishing walk-and-talk groups, providing diabetes medicines and supplies, and creating learning environments where health professionals and people with diabetes learn together. The plan also calls for establishing library learning and resources, offering advice on how to buy and prepare healthier foods, and improving the quality of diabetes care.

The REACH Charleston and Georgetown Diabetes Coalition is reporting that African Americans in Charlestown and Georgetown, South Carolina, continue to be more physically active, are receiving healthier foods at group activities, and are getting better diabetes care and control. Additionally, some disparities have been greatly reduced for African Americans with diagnosed diabetes. For example, more African Americans are completing the recommended annual tests to determine their hemoglobin A1c (blood sugar) levels, lipid profiles and kidney functions, as well as receiving referrals for eye examination using dilation and measurement of blood pressure. During a 5-year time span, the percentage that had blood sugar levels checked annually increased from 77% to 97%, while the percentage that had their blood cholesterol level checked increased from 47% to 81%. Kidney testing increased from 13% to 53%, and foot exams increased from 64% to 97% in the same timeframe.

In addition, lower-extremity amputations among African Americans with diabetes also have decreased sharply. For example, in Charleston County, the percentage of amputations among African American males with diabetes who were hospitalized decreased by almost 54% over a 7 year time span. In Georgetown County, the rate of amputations for this same group decreased 54% over a 3 year time period. These remarkable outcomes indicate that the Coalition's goal of improving diabetes care and control among African Americans with diabetes living in Charleston and Georgetown counties is becoming a reality.