

South Carolina



Bringing Together Community Partners to Improve Diabetes Care and Control for African Americans

Public Health Problem

African Americans in South Carolina have a greater risk for developing diabetes than whites. They also have a greater risk for diabetes complications, such as heart disease, stroke, blindness, renal failure, and amputations. Diabetes is the sixth leading cause of death in this state, claiming more than 1,600 lives each year. One of every seven patients in a South Carolina hospital has diabetes. The American Diabetes Association reports that the average costs of expenditures for diabetes in 2002 totaled \$13,243 per person with diabetes, compared with \$2,560 per person without diabetes.

Program Example

The REACH 2010: Charleston and Georgetown Diabetes Coalition's goal is to improve diabetes care and control for more than 12,000 African Americans with diabetes. The Diabetes Initiative of South Carolina and more than 40 partner organizations are supporting the Coalition as it develops and carries out a comprehensive community action plan to reach out to African Americans where they live, worship, work, play, and seek health care. The plan aims to decrease the tremendous burden of diabetes and link people with needed services. Strategies include establishing walk-and-talk groups, providing diabetes medicines and supplies, and creating learning environments where health professionals and people with diabetes learn together. In addition, the plan calls for establishing library learning and resources, offering advice on how to buy and prepare healthier foods, and improving the quality of diabetes care.

Implications and Impact

Just 2 years after the program began, African Americans in South Carolina are more physically active, are being offered healthier foods at group activities, and are getting better diabetes care and control. In addition, some disparities have been greatly reduced for African Americans with diagnosed diabetes. For example, more African Americans are undergoing the recommended annual A1c testing, annual lipid profile, annual kidney testing, referral for dilated eye examinations, and blood pressure control. By 2007, the coalition's goal is to eliminate all disparities in diabetes care and control.