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National Minority Health Month originated from the efforts of the U.S. Department of Health and Human Services' Office of Minority Health. It was established to raise awareness about health disparities that affect racial and ethnic minority communities in the United States.

The observance aims to promote education, advocacy, and action to address these disparities as well as to improve health outcomes among minority populations. National Minority Health Month has been observed annually since its inception in 2001, typically in the month of April.

As we celebrate National Minority Health Month, it's essential to recognize the profound significance of addressing health disparities within our diverse communities. This month serves as a poignant reminder of the unique challenges faced by minority populations and highlights the urgent need for equitable access to healthcare resources and services.

By fostering awareness, promoting education, and advocating for inclusive healthcare policies, PreventionLink is working towards building healthier and more resilient communities for all.



## **Dr. Levy's Corner:**

Encouraging action through health education, early detection, and control of chronic disease complications is paramount, especially within minority populations. Chronic diseases such as cardiovascular issues, chronic kidney disease, diabetes-related complications, stroke, etc. pose

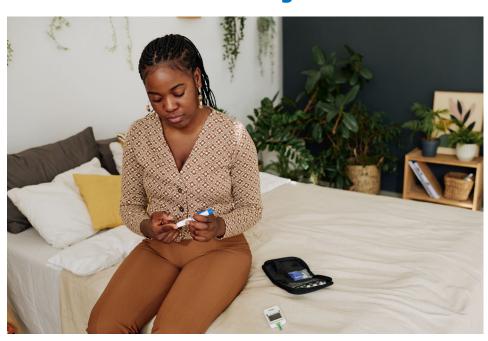
significant threats to individuals' health and well-being. Unfortunately, minority populations bear a disproportionate burden of these complications, exacerbating existing health disparities.

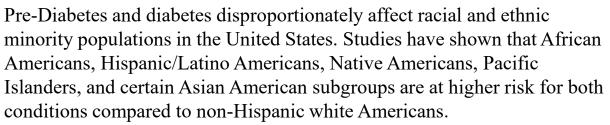
Studies indicate that minority populations, particularly non-Hispanic Black and Hispanic adults, experience higher rates of diabetes-related complications compared to non-Hispanic Whites. Despite the increased prevalence of diabetes in racial and ethnic minorities, they are less likely to receive recommended preventive care, including crucial screenings such as hemoglobin A1c testing, annual cholesterol screening, and eye examinations. As it pertains to Prince George's County, measured during 2021, 9.8% of Marylanders had diabetes, compared to 11.1% of Prince Georgians. By race and ethnicity, 10.9% of Black/African American non-Hispanic Prince Georgians had diabetes, compared to 11.7% of Hispanic Prince Georgians, and 7.1% of White non-Hispanic Prince Georgians.

Through collaborative endeavors that prioritize health education, resource accessibility, and culturally competent care, we can empower minority populations to take charge of their health. By fostering a culture of prevention and proactive management, we can strive towards equitable health outcomes for all individuals, irrespective of their racial or ethnic background. As the Health Officer of Prince George's County Health Department, I am committed to leading initiatives that promote health equity, reduce disparities, and enhance the well-being of minority communities.

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# **Understanding the Impact: Pre-Diabetes and Diabetes in Minority Communities**





- Pre-Diabetes: According to the CDC, Racial and ethnic minorities are
  more likely to develop pre-diabetes, a condition where blood sugar levels
  are higher than normal but not high enough to be classified as diabetes.
  Factors contributing to this disparity include socioeconomic status,
  limited access to healthcare, cultural differences in diet and physical
  activity patterns, and genetic predispositions. Racism and discrimination
  are also root causes for a lot of the factors that lead to elevated risks of
  prediabetes in minority populations.
- Diabetes: Minority populations are also more likely to develop type 2 diabetes, the most common form of diabetes. This disparity is driven by similar factors as pre-diabetes, including socioeconomic factors, lifestyle behaviors, and genetic factors. Additionally, minority populations may face challenges in managing diabetes due to cultural beliefs, language barriers, and inadequate access to healthcare services and diabetes education programs.

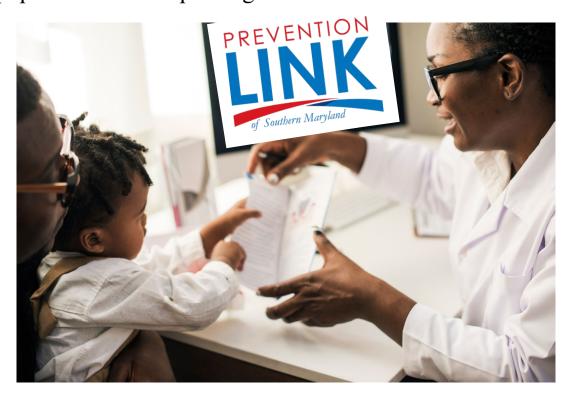


## **Addressing The Issue**

Addressing the disparities in pre-diabetes and diabetes among racial and ethnic minorities requires a comprehensive approach that includes:

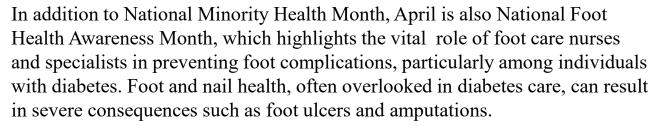
- 1. Increasing access to affordable healthcare services, including screenings for pre-diabetes and diabetes.
- 2. Implementing culturally tailored diabetes prevention and management programs that address the unique needs and preferences of minority populations.
- 3. Promoting healthy lifestyle behaviors, such as regular physical activity and a balanced diet, through community-based interventions and education campaigns.
- 4. Addressing social determinants of health, such as poverty, food insecurity, and limited access to healthy foods, which contribute to the higher prevalence of pre-diabetes and diabetes among minority populations.

By addressing these factors and promoting health equity, we can work towards reducing the burden of pre-diabetes and diabetes among racial and ethnic minority populations and improving overall health outcomes for all.



## **Community Spotlight: Insights from Nurse Yvette "Doc Foot Nurse"**





With diabetes ranking as the seventh leading cause of death in the U.S. and a significant contributor to disability and reduced quality of life, the importance of proactive foot care cannot be overstated. In 2018, over 34 million Americans were diagnosed with diabetes, imposing a substantial economic burden with approximately \$237 billion in direct medical costs and \$90 billion in lost productivity.

Uncontrolled diabetes increases the risk of delayed wound healing, infections, and amputations. Annually, about 150,000 individuals undergo lower extremity amputations in the U.S., half of which are diabetes-related, worsened by factors like peripheral vascular disease, neuropathy, and trauma. Of these amputations, 85% are from complications of diabetic foot ulcers. The lifetime risk of developing a foot ulcer for individuals with diabetes stands at 34%, with mortality soaring to 50% within two years post-amputation. These statistics underscore the critical need for heightened awareness and proactive foot care measures during National Foot Health Awareness Month.





# Further Wisdom from the "Doc Foot Nurse"

If you have diabetes, obtaining routine foot care is both a limb and life saving measure. Tips for optimal foot and nail health include:

- 1. Inspect your feet daily and if unable to see the bottom of your feet use a small handheld mirror.
- 2. See a professional such as a podiatrist or foot care nurse every 2-3 months to manage your toenails.
- 3. Use a moisturizer daily to your feet to prevent cracking of skin which can cause infection.
- 4. Check the temperature of bath water with your hand especially if you have neuropathy.
- 5. Ensure you are wearing proper shoes that do not rub or cause pressure. Proper fitting shoes will help prevent calluses which can turn into an ulcer.

Yvette "Doc Foot Nurse" has been a registered nurse for over 20 years and advanced practice registered nurse (NP) for over 10 years spending most of her career providing nursing services in community-based settings. Yvette is a certified foot care nurse (CFCN) through the Wound, Ostomy, Continence Nurse Certification Board (WOCNCB) and certified foot care specialist (CFCS) through the American Foot Care Nurses Association (AFCNA). Her mission is to provide education and prevention, one sole at a time. Yvette can be reached at nurse@footandnailhealth.com

## **Upcoming Webinar**

#### Promoting Health Equity In Primary Care | 4.16.24 | 5 PM

This webinar aims to clarify the concept of health equity, introduce the American Diabetes Association's Health Equity Bill of Rights, provide practical strategies for integrating these principles into your practice, and offer examples of how to collaborate with patients to enhance their health and well-being. While geared towards Health Care Providers, this webinar is open to all who are interested in learning more.

#### **Zoom Registration Link**

https://us02web.zoom.us/webinar/register/WN XTEigwxCQD6mF82SLaMUyg#/registration

### References

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