

Community Effort Decreased Amputations in Black Men

REACH 2010: Charleston and Georgetown Diabetes Coalition sought to improve foot care for blacks with diabetes and eliminate disparities in amputations.

BY CONNI BERGMANN KOURY, EDITOR-IN-CHIEF

A community-based coalition focused on reducing disparities for black patients with diabetes was successful at increasing foot exams in this group, as well as decreasing amputations in black men.

“Our overall aim is to improve care and self management for more than 12,000 African-Americans in five different health systems in the Charleston and Georgetown areas,” said Carolyn M. Jenkins, DrPH, RD, CDE, RN, member of the Charleston and Georgetown Coalition. “We are one of 40 coalitions – racial and ethnic approaches to community health – that is funded by the Centers for Disease Control and Prevention.” Dr. Jenkins presented data from the initiative, REACH 2010, at the recent American Diabetes Association 65th Annual Meeting and Scientific Sessions in San Diego.

Dr. Jenkins said that her coalition is one of about 10 that focus on diabetes, and the only one that deals specifically with amputation prevention. “During 1999 we identified many disparities, one of which was amputations. When we looked, the rates for amputation were high in African-American women and even higher in African-American men.” Amputations in black men were 79.1 per 1,000 diabetes hospitalizations, more than twice the rate of all others.

DOCUMENTED EXAM

Also during coalition's the initial planning year, the group found that only half of blacks with diabetes that visited their health care provider had documentation of

a foot exam in their medical record.

The REACH 2010 action plan is organized around community-driven educational activities. “These are directed at where people live, work, worship, play and seek health care. We also focus on health systems change and building a sustainable coalition that can work to maintain the activities after grant funding,” Dr. Jenkins said.

The Charleston and Georgetown Coalition works with health professionals and scientists who determine the evidence base, as well as the community members who are responsible for determining the “what, when, where and how” for applying the evidence in their communi-



Figure 1. Sharon Cash, a community health advisor, points out an example of diabetic foot complications at a local health fair.

All photos courtesy of the Charleston and Georgetown Diabetes Coalition



Figure 2. The Charleston and Georgetown coalition holds REACH 2010 diabetes education classes every Thursday morning at a participating health center (left). Members of the coalition also attend many health fairs, like the one at the Delma Woods Annual Health Fair in Charleston, SC (right).

ties, Dr. Jenkins said. She said in that way the groups can focus together on behavior and policy change.

The coalition, in collaboration with the Medical University of South Carolina College of Nursing, has trained health professionals, volunteers and lay educators. It employs five black women who work full-time as lay educators in their community, and it has recruited a number of volunteers who receive training. The group includes 130 registered nurses who have completed a 2- to 3-day foot care course and 15 registered nurse wound care specialists, along with >150 lay community volunteers.

CHECK TO PROTECT

“Our lesson for lay educators is called ‘Check yourself to protect yourself – Take care of your feet,’ and it includes not only the lesson, but a kit of materials and either a slide series or a flip chart,” Dr. Jenkins explained. Religion plays a key role in the black community, she added, so many of the activities incorporate a religious message. Over 6,000 monofilaments with instructions on how to use them were also distributed.

The coalition places messages in the media including newspapers as well as a television show on foot care and numerous radio shows. “In neighborhood sites we offer foot care demonstrations with foot checks and referrals to either the nurse specialist or the podiatrist. We have also expanded linkages with medication assistance programs for people in need,” she said. The plan also includes weekly diabetes education classes at eight community sites, diabetes guides for all clients and a mini record that helps patients track their care.

Dr. Jenkins said that these community and media activities have reached more than 40,000 blacks in the 3-year period of the program. Because about 70% of the participants have been women compared to 30% men, the program focused on women taking the message home to important men in their life.

HOSPITALIZATIONS

Following implementation of the plans, lower extremity amputations in the Charleston/Georgetown area went from about 79 per 1,000 diabetes hospitalizations down to about 32, Dr. Jenkins reported. The coalition also found that foot exams for all patients in health systems improved from 49% to 74%.

“Hard to reach populations can be reached with coordinated efforts from family, friends and community leaders,” Dr. Jenkins concluded. “We often label African-American males as hard to reach, but volunteers can effectively deliver the message, and community coalitions can produce outcomes – specifically in decreasing amputations.”

For more information, visit the REACH 2010 Web site at <http://reach.musc.edu> ■

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Jenkins C. REACH 2010: Charleston and Georgetown Diabetes Coalition's effort to decrease amputations in African-American males. Presented at the American Diabetes Association 65th Annual Meeting and Scientific Sessions. San Diego. June 10-14, 2005.