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PICOT Question

Racial disparities impacting control of Diabetes mellitus 2

The current scenario indicates that white patients with diabetes are receiving appropriate treatment and care. Blacks, on the other hand, lack proper care and fairly controlled conditions. Racial disparities are prevalent in the hospital that undermines the health and recovery of African-Americans. Morbidity and mortality are also linked to type 2 diabetes. One reason for diabetes is the high prevalence of obesity among African-Americans. inequality in the quality of diabetes self-management is a central cause of the poor health status of blacks.

Population/ age

People having ages of 45 or above are more likely to develop type 2 diabetes.

African-Americans face high risks of diabetes as its prevalence is 1.6 folds higher. Blacks face 2.3 folds high risks of developing type 2 diabetes. Facts reveal “it is estimated that diabetes can be attributed to abdominal obesity in 39.9% of African American women, compared with 24.0% of white American women” (Marshall, 2019). Percentage of African-American patients reaching HbA1c. The intervention targets both male and female diabetic patients who are African-Americans.

Intervention

As the prevalence of type 2 diabetes among African-Americans is double, it is appropriate to choose effective interventions. The interventions adopted for addressing this issue include; increasing patients’ attendance for undergoing screening services. The interventions also focus on promoting diabetes self-management (Petznick, 2011). This will require education, awareness and training of coping skills. The patients will also receive guidance on dietary patterns and physical activity. Insulin is effective for controlling the glycemic and it also resolves diabetes-related complications (Swinnen & Hoekstra, 2009).

The interventions also stress on providing training to the healthcare providers to work in a diverse environment. Focus on equal treatment and the elimination of discriminatory practices is also part of this strategy. Hiring more support staff and evaluating performance is another strategy for addressing the disparity. Multifaceted interventions such as reminder systems and case management will focus on maintaining standards that promote equal care. Case management will keep a record of the staff's performance and is effective for promoting the environment of care.

Comparison/ control

Glucose monitoring and insulin intervention are adopted for managing patients of type 2 diabetes. Insulin-dose adjustment for patients is used that includes calculation of dosage. Oral glycemic therapy is adopted for 50 per cent of daily insulin dose at the basal level (Petznick, 2011). Cost adherence, quality of life and adverse impacts are needed to be considered during glucose monitoring. Hypoglycemic complications are controlled by insulin therapy.

Outcome

Patients encounter fear of hypoglycemia. Severe hypoglycemia, number of episodes experienced by patients and weight change are associated with risk factors.

The interventions targeting patients directly such as diabetes self-management will improve their knowledge related to the disease and its prevention. They will learn to take medicines on time and follow a proper diet plan that will improve the chances of their survival (Swinnen & Hoekstra, 2009). Guidance on physical activity will define time and exercises that each patient will perform on a daily basis. Coping skills such as relaxant therapies and meditation will help patients in controlling stress.

Interventions focused on staff will familiarize them with rules and regulations that eliminate the possibilities of anti-discriminatory activities. The inclusion of support staff will enhance the quality of education. QoL measures are adopted for identifying specific details of the diabetic patient.

Time

The time required for implementing intervention includes six months. The staff will be provided with training for handling both black and white patients without discrimination.

Rationale for decision

Glucose monitoring and delivery of insulin are less available to the African-American population. Healthcare providers have a profound role in helping the African-American population suffering from diabetes mellitus 2. Engaging in treatment and strategic plans and programs can be effective for assisting minority population in attaining health and wellness. Effective strategies include the provision of equal care and adoption of adequate interventions. Sensitive strategies and healthcare protocols can be used for treating black patients. Poverty increases their chances of developing the disease because women are unable to take precautionary measures. Socio-economic factors have a strong correlation with the occurrence of disease because poor black women don't undergo a regular screening that could help in the timely diagnosis of type 2 diabetes (Marshall, 2019). Homelessness and poverty are also seen as individual risk factors.

Experienced and skilled nurses will have an effective role in improving the quality of care. diabetic educators and other professionals can assist black patients to engage in activities such as exercise, walk and therapies. I think the barriers to effective care include race/ ethnicity, no medical insurance, lacking a regular source of care, competing responsibilities of the caregiver and lack of patient's trust on care provider. Blacks receive limited or no care compared to whites. Their inability to pay for private insurance and poverty increase risks of deaths. It is difficult for the poor to access care because the majority lack knowledge of how to navigate the system. The care provider spends less time explaining how blacks can enter medical care. Fear, denial and stigmas discourage African-Americans from visiting hospitals (Petznick, 2011). Lack of social support from community or friends also minimizes the scope of early diagnosis.

The common metrics adopted for providing treatment include appointment compliance, assessing proportions of time interval on at least one visit, identifying gaps in visit and outcomes of preventive care.

References

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