

Diabetes management for Hispanic or Latino patients



As the Hispanic or Latino population in the United States increases, primary care providers are challenged to address the high incidence of diabetes and related metabolic disorders in this patient population.

According to the CDC, more than half of Hispanic or Latino adults are expected to develop type 2 diabetes in their lifetime and are more likely to develop it at a younger age. This population also has higher rates of kidney failure caused by diabetes and diabetes-related vision loss and blindness.¹

Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk-reduction strategies beyond glycemic control. Ongoing diabetes self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications.²

What can you do as a primary care provider?

- Ensure that your patients are receiving timely primary care, specialty care, dental, and behavioral health services.
- Eliminate communication barriers by working with interpreters when the patient prefers or may feel more comfortable speaking in Spanish. Spanish-speaking patients may not be able to communicate fully with their providers and may be less likely to follow treatment instructions and make lifestyle changes when providers don't understand their values and preferences.
- Be aware of and discuss cultural considerations and beliefs. Hispanic or Latino patients may put the needs of their family before their own health or may want to use natural or traditional medicines instead of standard diabetes treatments. They may also mistakenly believe that taking insulin will cause diabetes complications.
- Focus on family involvement. Hispanic or Latino people are known for their strong family connections and for sharing meals together at home. Use this understanding as an opportunity for everyone in the family to make healthy changes. This is especially important because Hispanic or Latino children and teens are at higher risk for type 2 diabetes. Teaching children and teens about healthy eating habits early gives them the best chance to prevent contracting type 2 diabetes.
- Encourage medication adherence—taking the amount prescribed even when they feel good — and explain why this is so important.
- Train your patient to self-monitor blood glucose and to understand how eating different foods, sticking to a healthy eating plan, snacking, taking medication, and engaging in physical activity affect blood glucose.
- Counsel your patient on weight control. By losing just a few pounds with healthy eating and exercise, the patient will start to feel better and will have more energy, resulting in better diabetes management and reducing the risk of developing other related problems.
- Encourage at least 150 minutes of physical activity a week, such as brisk walking or riding a bike, in increments of 30 minutes a day, five days a week.
- Refer the patient to a diabetes self-management education and support (DSMES) services program or engage community health workers to educate and link the patient to services. Visit the Amerigroup Community Care member website at <https://myamerigroup.com/nj/home.html> and select **Find help in the community** or contact a local hospital to find local programs.
- Refer the patient to a registered dietician to assist with healthy eating. The Amerigroup provider search tool at <https://provider.amerigroup.com/new-jersey-provider/home> > Resources > Referrals can be used to locate providers.
- Refer your patients for care management services from Amerigroup, as needed, by calling **800-600-4441 (TTY 711)**.

What can you do as a primary care provider to educate yourself about the impact of cultural disparities on patient care?

Enroll in a learning experience from MyDiversePatients at <https://mydiversepatients.com/index.html>.

Current offerings that provide continuing medical education credit upon completion include:

- Improving the Patient Experience: Patients with chronic conditions, such as diabetes, demonstrate greater self-management skills and quality of life when they report positive interactions with their healthcare providers.
- Medication Adherence: Find out how can you use each appointment as an opportunity to build trust with your patients and understand their concerns to improve their medication adherence.

CDC guidelines for patient care

Every three months — for patients when treatment has changed or if they are having trouble meeting treatment goals	Doctor visit A1c test
Every six months — for patients that are meeting treatment goals	Doctor visit Dental exam HbA1c test
Every year	Flu shot Kidney tests Cholesterol test Dilated retinal exam Hearing check Complete foot check
Once	Pneumonia shot Hepatitis B shot
As needed	Mental health check



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For additional support, visit the *Contact Us* section at the bottom of our provider website for the appropriate contact.

References:

- 1 <https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html> (Accessed 12/30/22)
- 2 AMERICAN DIABETES ASSOCIATION STANDARDS OF MEDICAL CARE IN DIABETES—2022 Volume 45 Issue Supplement_1 | Diabetes Care | American Diabetes Association (diabetesjournals.org) https://diabetesjournals.org/care/issue/45/Supplement_1 (Accessed 12/30/22)

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