

Improving the Health of South Dakotans through the Prevention and Management of Diabetes and Cardiovascular Disease: Practitioners' Perceptions of Barriers to Care of American Indians

Heidi Schultz, MBA¹; Erin Miller PharmD, MBA²; Aaron Hunt, PhD, MPH^{2,3}; Abigayle Blanchette⁴; Sharrel Pinto, BSPHarmA6 Tw 42 0 02
Diabetes and Heart Disease

Between 2017 and 2019, SD counties where American Indian (AI/AN) reservations were located accounted for the 4 counties with lowest life expectancies in the United States.¹

In SD, 18.1% of AI/AN adult residents have diabetes compared to 9.8% of white adults in the state, while 9.6% of AI/AN adults and 8.7% of white adults have cardiovascular disease (CVD).²

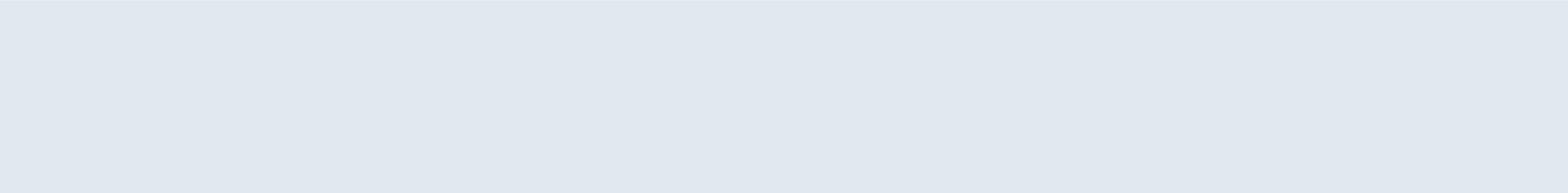
AI/AN experience lower health status and disproportionate disease burden due to social determinants of health (SDOH) including inadequate education, poverty, and other quality of life issues rooted in economic adversity and poor social conditions.³

AI/AN receive free health care services at Indian Health Service (IHS) facilities, which are primarily located in rural areas. However, up to 70% of AI/AN reside in urban areas.⁴ Urban AI/AN may access health care at Urban Indian Health Centers (UIHC). However, UIHCs nationally receive about 22% of recommended funding to adequately serve this patient population.⁵

South Dakota has two UIHCs, in Pierre and in Sioux Falls, contracted by the IHS to provide health services to AI/AN off-reservation.⁴

It is estimated that 64% of SD residents live within a 15-minute drive to a pharmacy and 81% are within a 30-minute drive.⁶ Pharmacists may be the most accessible health professionals in rural areas.

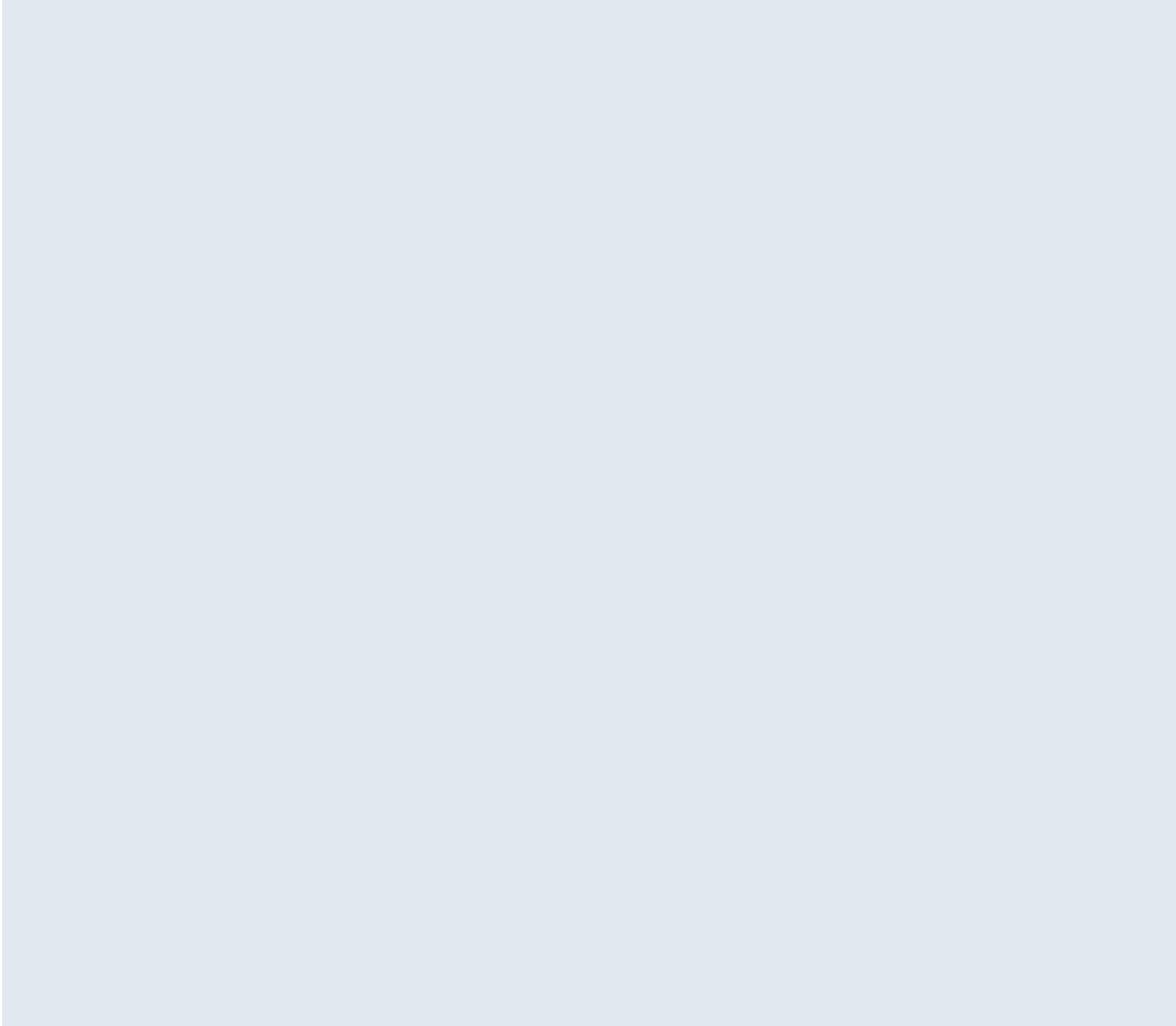
Medication Therapy Management (MTM) consists of medical services delivered by pharmacists collaborating with other providers. MTM can enhance treatment plans and improve outcomes in patients with diabetes and CVD.⁶



RESULTS

Table 1. Facilitators to Care

Facilitators to Care	
Diabetes programs	
Nutrition education	
Transportation services	
Integrated care model	



OBJECTIVES

The objective of this analysis was to identify practitioner perceptions of facilitators and barriers to provision of chronic care management to patients of UIHCs in South Dakota. The findings will be used to help improve delivery of care to patients with type 2 diabetes and CVD in South Dakota.

Overall, the objective of this 5-year project is to develop sustainable and financially viable statewide programs that expand on the role of the pharmacist to impact prevention and management of diabetes and CVD across the state of South Dakota.

