**BACKGROUND INFORMATION**

- The ADA Standards of Medical Care recommend that an interdisciplinary health care team be used to develop an individualized treatment plan for patients with diabetes.  
- Multiple programs, including the Diabetes Ten City Challenge and the Asheville project, have successfully demonstrated the clinical benefits of pharmacist-led services in a diabetes population.  
- Health disparities often exist between ethnic groups within a diabetic population, particularly African American and Hispanic patients, who often have greater difficulty accessing adequate health care resources and controlling their chronic diseases.  
- In addition, language barriers compound this problem and make educational interventions in non-English speaking populations difficult to implement.  
- Current literature lacks information describing the detailed diabetes care model and team interventions made in the free clinic setting.  

**OBJECTIVES**

1. Identify and describe the types of interventions being made by the pharmacist as a part of the Impact: Diabetes Program  
2. Compare the type of patient care interventions made and the clinical outcome measures observed among the varied ethnic and English-proficiency groups represented.

**METHODS**

**Model of Care:**

1. A diabetes management collaborative practice integrating the pharmacist was established across four free clinic locations.  
2. Patients were enrolled in July of 2011 and followed through January of 2013.

**RESULTS**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>n</th>
<th>%</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>29</td>
<td>35%</td>
<td>0.2215</td>
</tr>
<tr>
<td>Caucasian</td>
<td>28</td>
<td>34%</td>
<td>0.8534</td>
</tr>
<tr>
<td>Hispanic/Other</td>
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<td>30%</td>
<td>0.9376</td>
</tr>
<tr>
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<td>70%</td>
<td>0.5561</td>
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<tr>
<td>Other</td>
<td>25</td>
<td>(25)</td>
<td>0.5300</td>
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</tbody>
</table>

**DISCUSSION**

- The number of interventions in non-English speaking patients was slightly greater, but the method by which these patients were managed during the program remained consistent across all languages.  
- There were no significant differences in study outcomes (A1c, LDL, HDL, etc.) between the two language groups.  
- In addition, there were no significant differences in intervention types made during visits with patients of varying ethnicities.  
- Medication access, diabetes education and medication changes were the most common interventions made equally across all languages.  
- The only statistically significant difference in study outcomes was LDL improvement in African Americans, which may have been due to differences in variables such as smoking cessation and exercise, which were not evaluated in this study.

**REFERENCES**

1. American Diabetes Association. Standards of Medical Care in Diabetes.  