

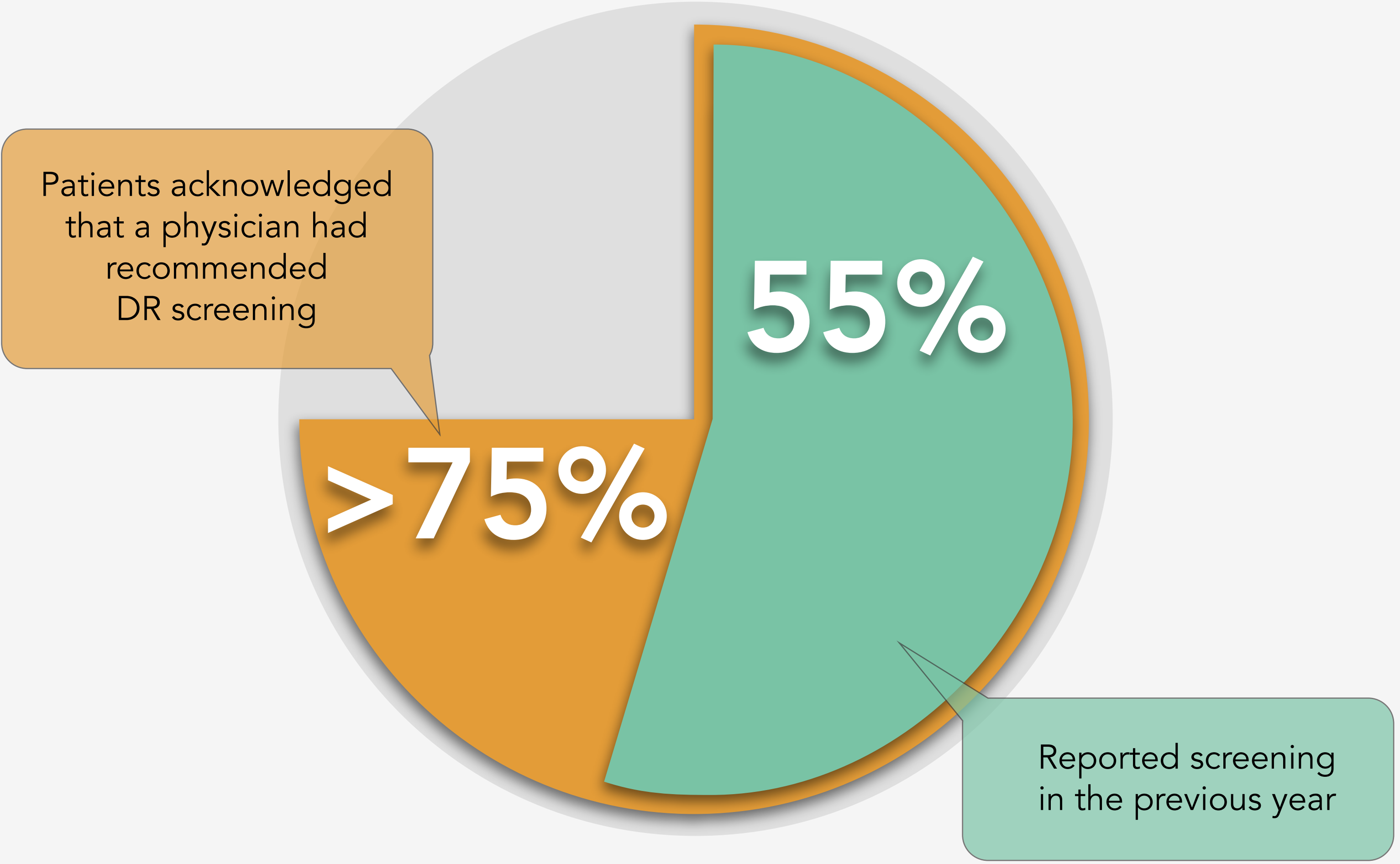
Disparities in Diabetic Retinopathy Screening Rates Within Minority Populations: Differences in Reported Screening Rates Among African American and Hispanic Patients

Lu Y, Serpas L, Genter P, Mehranbod C, Campa D, Ipp E. *Diabetes Care*. 2016;39:e31-e32.
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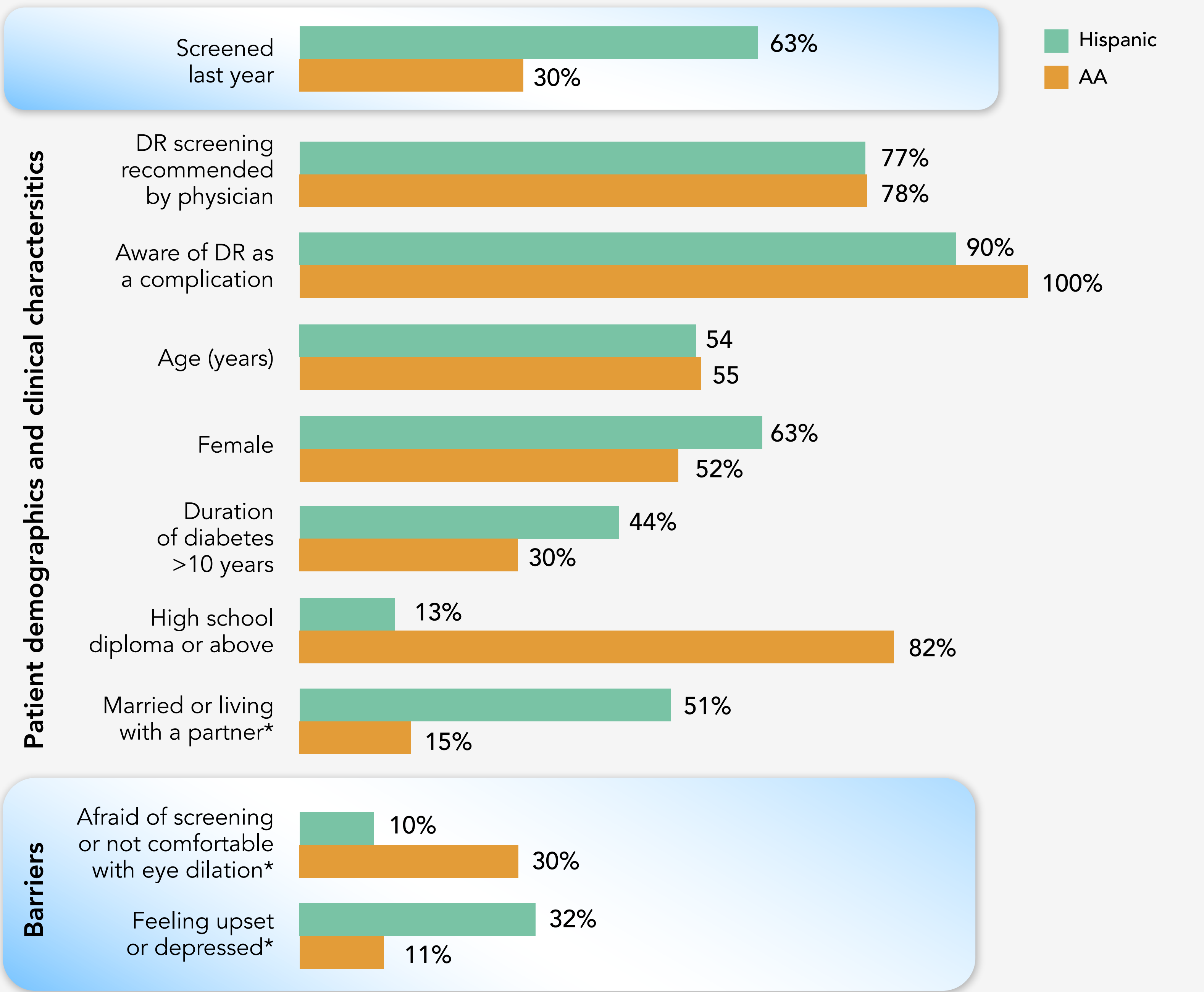
Diabetic retinopathy (DR) screening is essential for early detection and treatment of diabetes-related visual impairment and blindness. Yet, it is commonly underutilized among low-income minority patients. In this study, survey data was collected from 101 patients with diabetes, including 71 Hispanics and 27 African Americans (AAs), at a large safety-net clinic in South Los Angeles in order to examine perceived barriers to DR screening in these vulnerable populations.



The survey revealed that most patients were aware of DR as a potential complication of diabetes, yet screening rates are far less than recommended.



Patient demographics, clinical characteristics, and perceived barriers to DR screening in AA and Hispanic patients revealed screening disparities between the different groups.



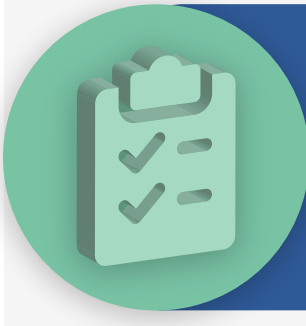
*Differences between AA and Hispanic patients were statistically significant at $P < .05$.

There were no differences in:

- Poverty indicators
- Diabetes knowledge
- Professional recommendation for DR screening
- Total number of barriers to DR screening between AA and Hispanic patients that explain why AA patients are less likely to use DR screening.

However, the survey data suggests that Hispanic and AA patients may be affected by different psychological barriers (upset/depression in Hispanics vs. fear/discomfort in AAs). The latter might contribute to the discrepancy in screening rates.

AA patients were less likely to be “married or living with a partner” in the survey (15% vs. 51%, $P < .01$). This may reflect less family support among AAs to help reinforce diabetes management.



Conclusions

This is the first report, to the researchers’ knowledge, of a disparity in DR screening between different minority groups within American underserved populations. The large discrepancy in DR screening rates among safety-net minority communities may have important implications for consequent risk of blindness. Different approaches to encourage DR screening may be necessary among differing minority populations. Efforts to increase DR screening rates in low-income minority communities that attempt to identify barriers amenable to intervention should recognize the diversity and unique needs of each subpopulation.