Dear Members of the Committee,

My Name is Anne Hagan, I am a Registered Nurse and I live in Warwick. I am writing to you today about bill H6088 which would allow a Certified Foot Care Specialist, (CFCS) to provide certain at-home foot care, including routine foot and nail care including nail clipping. I support this bill as I am a CFCS. I have been Nursing for 26 years. My career began in cardiac Nursing (6 years) and then Home Care Hospice Nursing. During my years in Hospice, many patients would need foot care to improve their quality of life. Long toenails would often be in issue when a patient attempted to walk in their home. This increased their pain and made them an even higher fall risk. For many years the patient's Podiatrists came to their homes to cut toenails but when Covid hit the Podiatrists no longer came out to the home. My staff and myself called over a dozen Podiatrists who all said they couldn't come to homes any longer even if they had a long relationship with the patient. It was at this time I learned of Tina McDonald, CFCS. We referred all of our patients to her and our agency relieved we had someone to meet our patient's needs. Upon retirement I was planning on working part time doing something different and decided I would speak to Tina about foot care. There was such a great need and she was so encouraging, I studied for my foot care certification which included 25 hours of didactic and 30 hrs. of hands on training with a Podiatrist or Certified Foot Care RN and also required a Certification exam. Below are some of the stories I would like to share with you.

Many of my patients were on Hospice, some of them were nearing end of life and although I tried to explain to families perhaps the nails should not the focus, they all stated the same, it was a matter of dignity for the patient. One patient was actively dying but she was aware I was trimming her nails. She would look at me and smile and then drift off to sleep. Her son called me the following day to say she had passed away and wanted to thank me again stating having her nails cut was so important to the patient as they had tried for many months to find someone. "she was so embarrassed by her nails, you truly made a difference."

I had a homebound Veteran with long and thick toenails, so thick he tried multiple times to cut them with clippers and scissors. He eventually used his jackknife and ended up in a pool of blood. In desperation, he contacted me. When I saw him the wounds were so severe on his foot I explained it would not be safe to provide foot care at this time. He refused to go to ER. I contacted his primary care and we were able to get the patient on Home care where a wound RN would visit and heal his wounds. Once healed he became a regular patient having his nails trimmed every 3 months.

Many patients I saw for nail clipping were in their 90's, some of them over 100 years old. All were homebound. All of them expressed being embarrassed by the condition of their feet and would start off apologizing for their appearance. They would share how they could no longer cut their nails and shared how they felt helpless, many repeating the same, they can't see and can't bend over due to aging and chronic illness.

I also cared for many patients with dementia. One story I will share is a male patient who no longer was able to walk and was combative. His wife stated he would kick and hit me but I told her I was willing to try. His nails had not been cut in 2 years. It took an hour to cut his nails as I used distraction and worked on building trust. I successfully was able to cut his nails without the kicking and hitting. His wife hugged me and expressed deep gratitude. Before calling me, she and several other family members tried to cut his nails and they were kicked and screamed at.

Another patient with mental illness in a Nursing Home refused to let the Podiatrist see her. Her perception was the Podiatrist hurt her just by touching her feet and felt the experience too painful. The patient's sister asked me if I could try since the patient's pain was worse with her

toenails long. This was a chair bound patient only able to stand and pivot to her recliner or bed. The patient has very swollen feet at baseline and her toes very close together due to swelling. I took my time and was gentle reassuring this highly anxious patient. The service took much longer than others but I was able to cut her nails without her screaming at me or throwing me out as her sister thought could happen. She then became a regular patient of mine.

Block Island has approximately 900 residents who lost their Podiatrist a couple of several years ago. These aging patients are unable to get on the ferry to leave the island for foot care. Most of my patients there between 92 and 102 yrs. of age. All of the patients and families so grateful for someone to come to the island.

One last story of a couple who I saw regularly, both in their 90's. The wife has heart failure and early stages of dementia. On one of my visits I recognized severe edema (swelling) in her feet and shortness of breath. I told her I thought she may be having heart failure. I contacted the patient's PCP right from the home and was able to get her an appt. that day. Her husband contacted me stating the Doctor wanted to commend me for recognizing the patient need to be seen and how it had prevented a hospitalization for heart failure.

These are just a few of the stories. There are hundreds of homebound patients in our State requiring basic foot care. As Nurses, we take our time with the patient and provide assessment, foot care, and education. We make referrals to Podiatrists, Physicians and Home care agencies. We do not diagnose or medically treat any patient. Our State has one of the highest aging populations. Many families are trying to keep their loved ones home and we believe a highly trained RN in foot care/wound care would likely to be able to meet the needs of our patients in need as well as collaborate with our Podiatrists. We understand the concerns of some Podiatrists in our State, but the bottom line is there are not enough Podiatrists to care for the home bound patients. With proper training and certification, we are willing, able and competent to bridge the gap to help meet the needs in our patients. We had multiple Podiatrists referring to us in the past who expressed gratitude for seeing their patients. We are hoping to forge a path forward with this bill in which Nursing can take care of some basic needs for our patients at home and collaborate with our Podiatrists. Although I am fully retired, I am passionate about this bill and hope that Nurses will be able to provide the needed foot care for our patient's in Rhode Island who need these home services desperately.

Sincerely,

Anne Hagan

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COMMENTARY

More Than Just 1200 Foot Care Nurses in America are Needed for 30.3 Million People Who Have Diabetes

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"Every 20 seconds a lower limb is amputated due to diabetics, 85% of all amputations are caused by a foot ulcer, and 12% of the world's health budget is spent on diabetes. $673,000,000,000 per year" [1]. It will soon be 2020. It was predicted that, "The number of adults with diabetes in the world will rise from 135 million in 1995 to 300 million in the year 2025" [2]. The year 2025 is just six years from now. Data from the World Health Organization (WHO) stated that the number of people with diabetes has risen from 108 million in 1980 to 422 million in 2014. In eleven years from now, until 2025, what will that number really be? This rapid increase in numbers before 2025 demonstrate that diabetes is now a pandemic.

Dr. Margaret Chan [3] pointed out the global burden of diabetes and that world leaders have committed to reducing the burden of diabetes as one of four priority noncommunicable diseases. The World Health Organization defines diabetes as a chronic, and largely preventable, disease that can lead to cardiovascular disease, blindness, kidney failure, loss of limbs and loss of life. It causes suffering and hardship for the approximately 60 million people in the European Region currently living with the disease, while also straining the Region's economies and health systems. Regarding the diagnosis of diabetes, are we prepared for these changes?

What is a diabetic foot ulcer? A diabetic foot ulcer is defined by the World health Organization as "The foot of a diabetic patient that has the potential risk of pathologic consequences, including infection, ulceration, and/or destruction of deep tissues associated with neurological abnormalities, various degrees of peripheral vascular diseases and/or metabolic complications of diabetes in lower limb". Diabetic foot ulcers are "one of the most serious and disabling complication of diabetes, with 25% of patients with diabetes, developing them in their lifetime, and 15% having to undergo hospitalization and lower extremity amputations" [4]. It is public knowledge that heart disease, stroke, and cancer are well known as health disparities. Information about foot care may not be part of the educational intervention. There are some community activities, such as health fairs, and church picnics that focus on providing information to the local community, but often that information does not include diabetic foot care. It is because of the research conducted by the international community that the dire consequences of the diabetic foot are now widely published. It is time now for the findings from the international researchers to be carried out to the community regarding preventive care.

According to Jeffcoate, Vileikyte, Boyko, Armstrong and Boulton, [5], "Despite considerable advances made over the last 25 years, diabetic foot ulcers (DFUs) continue to present a very considerable health care burden-one that is widely unappreciated". These authors also pointed out the enormous cost to health care services for DFUs and that diabetic foot care has been traditionally neglected. In a recent exploratory study conducted by Bonner, Guidry, and Jackson [6] about the diabetic foot, one of their findings was that insurance status had considerable influence on extended care knowledge. The diabetic foot is well known among many international researchers but not as well known

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among those who have the disease, the patients. The application of research findings needs to be applied to communities worldwide. One of the most feared complications of diabetes is amputation [7].

There is an outstanding group of registered nurses who specialized in the care of wounds and working with DFUs. Since there are only about 1200 of them in the US and 30.3 million people who have diabetes, these nurses need some help and that help can come from the community. Looking at the increasing number of people with diabetes and their need to know preventive care information, there is no time better than this for community organizing and community building for health and wellness. One does not have to be a registered nurse in teaching a person how to keep their feet clean-some people do not realize the importance of also keeping between the toes not only clean, but also dry. Diabetic patients need preventive knowledge in care of their feet, before ulcers start, preventive care. However, there is an increase amount of research that is being conducted internationally that now focuses on diabetic foot ulcers. Perhaps, this surge is due to the fact that the World Health Organization projects that diabetes will be the 7th leading cause of death in 2030. Most important, research supports the fact that diabetic persons do not have to lose their life because of a DFU. Research has supported the steady cry for preventive care.

It is time for action to service more newly diagnosed diabetic persons in our communities that have no insurance or who are underinsured. Insurance does not pay for everything pertaining to health care. Despite the international research done and being done by researchers, the knowledge and the implementation of the findings for the people with the disease seems to stop with a select few. Pertaining to diabetes, educational interventions must start as soon as a diabetic person is diagnosed. We need to prevent foot ulcers. There has been adequate international research already performed to state the risk factors and the reasons that support preventive measures. Community activists who care about those in their community who have health disparities must continue to give and to assist. Promoting health requires more than just handing out educational pamphlets to be read and a 2-minute talk. Somehow, it does not seem that the diabetic patient with potentials for foot ulcers are receiving as much attention as other disparities, despite calls from the review of literature for more patient educational interventions. There is a very strong need to increase educational interventions before the foot ulcer develops. People need their legs to walk and to live, not to become leg amputation statistics. For example, Baig and others [8], in *Medical Care Research and Review* stated that, "Differences in rates of diabetes-related lower extremity amputations represent one of the largest and most persistent health disparities found for African Americans and Hispanics compared with Whites in the United States, p. 163S". In the *International Journal for Equity in Health*, Bidulescu and others (2017) wrote this article, "Educational health disparities in hypertension and diabetes mellitus among African Descent populations in the Caribbean and the USA: a comparative analysis from the Spanish town cohort (Jamaica) and the Jackson heart study (USA)." They explored the inequalities in hypertension and diabetes prevalence between African-descent populations with different levels of educational attainment in Jamaica and in the United States. Interesting to note, in the short review of about 67 journal articles, is the number of international authors who also have written about the diabetic foot, foot ulcers and the importance of early interventions to prevent foot ulcers. Such authors represent countries as the following: Indonesia, India, Saudi Arabia, Denmark, the United States (especially California), Japan, Bucharest, Craiova, Jamaica, Taiwan, Iran, Canada, United Kingdom, Spain, Khyber Pakhtunkhwa, China, Nigeria, South Africa, and Pakistan.

So, the findings from all these researchers, representing many countries, are concluding the same about diabetic foot ulcers. There is a need for preventive care. Diabetic care is more than teaching the diabetic person about how to take their medications or how to administer their insulin injection, and information about meal planning. Preventive foot care must be included. It has been very difficult for families to see their loved ones lose a limb and eventually lose their life to diabetes. Having diabetes does not have to be a death sentence nor loss of quality of life. Diabetics are people who live and love life as others. As health professionals, we preserve and support life. Everything about the community is important for the diabetic person. We must be concerned about their environment and the food in the community that is available. For those who do not have transportation, are there bus routes or other means of transportation available? Services in the public health departments are meaningless if the consumers have no way to get to the health department or a doctor's office.

Nurses have been a strong supporter for care of patients since before Florence Nightingale. Registered nurses that belong to the Wound, Ostomy, and Continence Nurses Society play a vital role in care of all patients with wounds. However, pertaining to just the diabetic patients alone, their numbers are not adequate for the millions of those requiring their assistance in the United States. Research continues to point out possible solutions. In some countries patients stand in line for very long hours to see a health provider, that may not be a physician, but instead a nurse practitioner, skilled in providing primary care. The work of the

International Working Group on the Diabetic Foot published a *Diabetic Foot Care Education Programme* for the training of certified Foot Care Assistants in 2008 [9]. Due to the rise of diabetes all over the world, in developing and developed countries, there is a very strong need for continuance of diabetic foot care. The importance of this education of diabetic foot care assistants is because in some countries there are no licensed podiatrists and, in those countries, where podiatrists exist, some people do not have insurance or adequate insurance to assist with their health care needs.

Nobody wants to lose their leg or legs for any reason. Being able to walk allows all persons to carry out activities of daily living. Diabetics does not need to be a death threat. The health care community needs to do more because the numbers affected with this disease is so rapidly climbing that even the predictions cannot keep up with the numbers of those being affected. As health care professionals, the way we teach and what we teach to the diabetic patient needs to be re-evaluated. We must ask ourselves what can communities do to help decrease diabetic foot ulcers and amputations? Preventive care is still being strongly advocated worldwide. There is a need to create or update our action plans for community involvement for diabetes.

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