Diabetes Prevention for Patients of Color at Community Health Centers

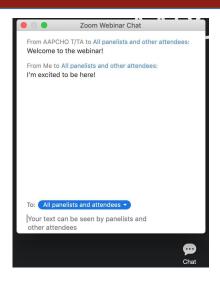
Wednesday, December 1st 9-10:30am HT | 11am-12:30pm PT | 2-3:30pm ET

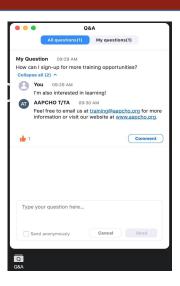
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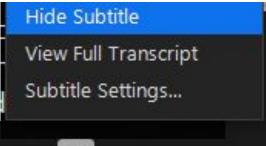
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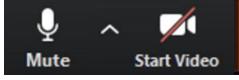
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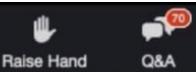
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Albert Ayson, Jr. (he/him)
Associate Director
Training and Technical Assistance
Association of Asian Pacific
Community Health Organizations



Sakura Miyazaki (she/her)
Program Manager
Training and Technical Assistance
Association of Asian Pacific
Community Health Organizations



Emily Kane (she/her)
Senior Program Manager
National Nurse-Led Care Consortium



Lauren Rockoff (she/her)
Public Health Program Manager
National Nurse-Led Care Consortium

PANELISTS



Dr. Deborah Washington (she/her)DEI Health and Community Partnerships Manager
MASSACHUSETTS GENERAL HOSPITAL



Dr. Nathan Tan (he/him)

Associate Clinical Director

KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES

Patients of color

Patients who self-report as Hispanic/Latino and non Hispanic/Latino Black/African American, Asian, American Indian/Alaskan Native, Native Hawaiian, Pacific Islander, and more than one race.

Source: <u>Health Center COVID-19 Vaccinations Among Racial and Ethnic Minority Patients</u>, HRSA



LEARNING OBJECTIVES

- To increase knowledge regarding the health challenges and disparities for patients of color with respect to diabetes and prediabetes.
- To identify **culturally and linguistically responsive quality improvement (QI) strategies** that influence health behaviors and health seeking practices among patients of color in diabetes prevention.
- To **foster discussion** regarding QI strategies and **resources** that target patients of color with prediabetes.

AGENDA

- ✓ Introduction (10 minutes)
- Overview: Racism, Inequity, and Health (25 minutes)
- ✓ Voices from the field: Kōkua Kalihi Valley (25 minutes)
- ✓ Q&A (25 minutes)
- Closing (5 minutes)







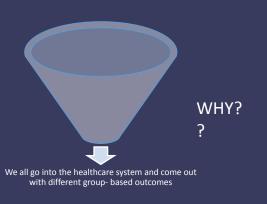


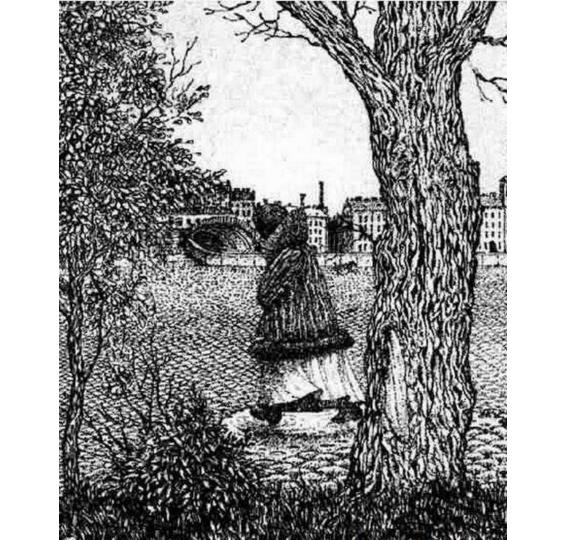














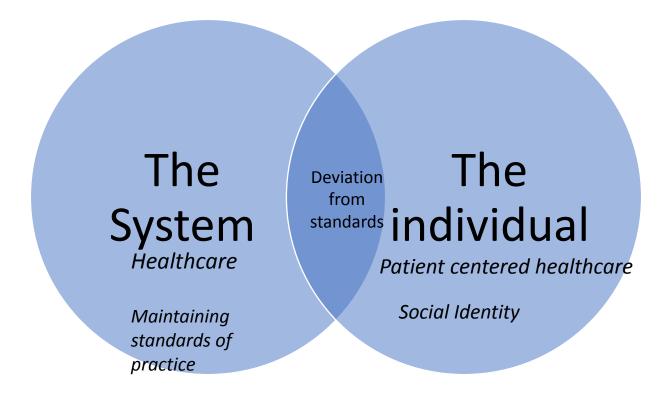
Systemic racism hides in plain sight



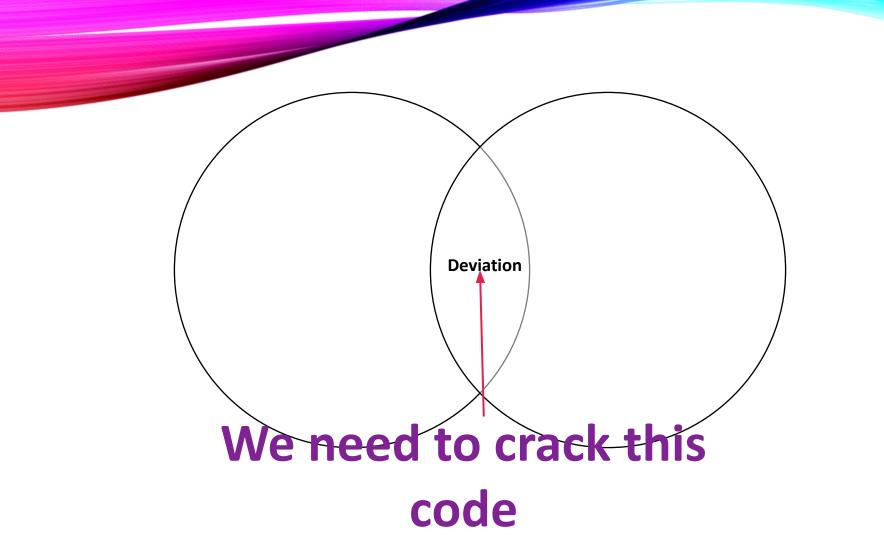


How does
Systemic
Racism
Manifest in
Health Care??





We need to push in new directions





Racism is a Public Health Crisis

Mayor Walsh declares racism a public health crisis in Boston, will seek to transfer 20% of police overtime budget to social services

By Dasia Moore and Milton J. Valencia Globe Staff, Updated June 12, 2020, 12:13 p.m.





World Health Organization definition for Social Determinants of Health

• The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics



Syndemic or Pandemic



A **Syndemic** involves a set of enmeshed and mutually enhancing health problems that, working together in a context of noxious social and physical conditions, can significantly affect the overall disease burden and health status of a population (Merrill Singer, 2009)



A **Pandemic** is the worldwide spread of a new disease (World Health Organization, 2010)



Poll

According to the definition, Covid is a Syndemic more than a Pandemic

Agree

Disagree

2014-2015 Health of Boston Social Determinants of Health

- Employment
- Access to Healthy Food

Boston Public Health Commission

- Access to Health Care
- Exposure to Violence
- Insurance Coverage
- Education

- Access to Health Resources
- Income
- Housing Conditions
- Transportation Options
- Environmental Safety
- Occupational Safety

Diabetes and the social determinants of health

Access to Health
Care

Disproportionate effect





"Let's not talk about race."





Shadow Boxing With Systemic Racism

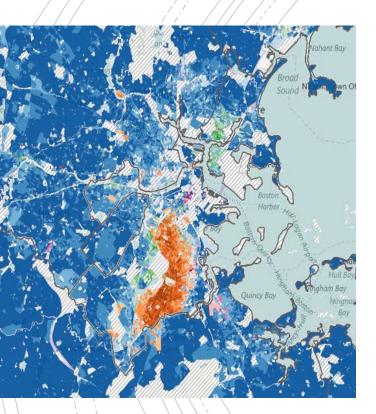


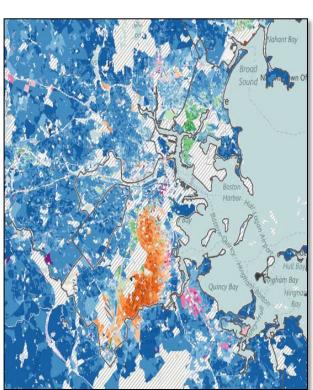


- 1930s Social Security excluded domestic and agricultural workers.
- Post WWII Federal policy associated black presence with reduced home values.
- Drug Sentencing laws differentially applied based on race

- Black neighborhoods rife with pollution, food deserts
- Black children attend under-resourced schools
- Black voting rights compromised







The first factor leading to white fragility is the segregated lives which most White people live (Frankenbeerg, Lee & Orfield 2003)

Because Whites live primarily segregated lives in a white-dominated society, they receive little or no authentic information about racism and are thus unprepared to think about it critically or with complexity.



Life Expectancy

Education and income are directly linked to health: Communities with weak tax bases cannot support high-quality schools and jobs are often scarce in neighborhoods with struggling economies.

Unsafe or unhealthy housing exposes residents to allergens and other hazards like overcrowding. Stores and restaurants selling unhealthy food may outnumber markets with fresh produce or restaurants with nutritious food.

Opportunities for residents to exercise, walk, or cycle may be limited, and some neighborhoods are unsafe for children to play outside.

Proximity to highways, factories, or other sources of toxic agents may expose residents to pollutants.

Access to primary care doctors and good hospitals may be limited.

Unreliable or expensive public transit can isolate residents from good jobs, health and child-care, and social services.

Residential segregation and features that isolate communities (e.g., highways) can limit social cohesion, stifle economic growth, and perpetuate cycles of poverty.



Percent of families below the poverty line by T stop, 2008-2012



Powerly in Boston, Boston Redevelopment Authority, Research Dission, March 2014. "Three-Transactions Scattered Redevelopment authority continuement ("1" 40745-4544-4343 addis 841-29014 february 23, 2015.



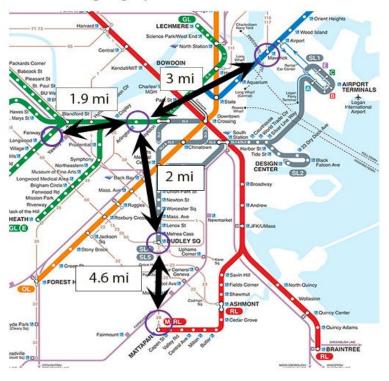
Percent of adults with diabetes by T stop, 2010



Health of Boston 2012-2013: A neighborhood focus, Boston Public Health Commission, 47ttp://www.bphc.org/health-data/health-of-boston-report/Faces/Health-of-Boston-Report_ares/> Accessed February 9, 2014.



....despite the fact that the geographic distance between these areas is so small...



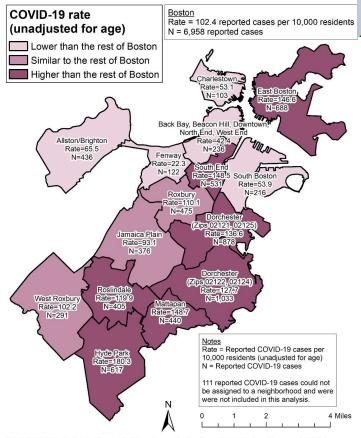
Percent of adults with diabetes by T stop, 2010



Percent of families below the poverty line by T-stop, 2008-2012

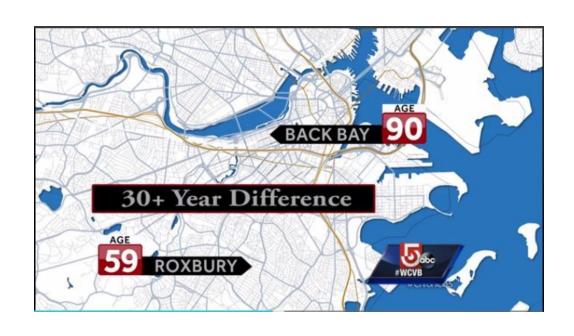


Poverty in Boston. Boston Redevelopment Authority, Research Division. March 2014. http://www.bostonplans.org/getattachment/01cef762-956d-4343-a-49a-b41c280168ae/Accessed February 23, 2015



DATA SOURCE: Boston Public Health Commission, Boston Surveillance System (January 1, 2020 to April 23, 2020, 4.06pm); U.S. Census Bureau, American Community Survey, 2018 5-yr estimates (2014-2018) DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office





CHANCE





Systemic Racism



Institutional Racism



Personally Mediated Racism







RACE BASED IDEAS IN MEDICINE

- Blacks age more slowly than whites
- Blacks' nerve endings are less sensitive than whites
- Whites have larger brains than blacks
- Whites are less susceptible to heart disease than blacks
- Blacks are less likely to contract spinal cord diseases
- Whites have a better sense of hearing compared to blacks

- Black skin is thicker than white
- Blacks have denser, stronger bones than whites
- Blacks have a more sensitive sense of smell than whites
- Whites have a more efficient respiratory system than blacks
- Blacks are better at detecting movement than whites
- Blacks have a stronger immune system than whites



Race in Medicine

- Many clinicians have heard or been formally taught that Black people don't feel pain as acutely as white people because they have different biology. Black bodies have fewer nerve endings than white bodies, they've been told. Black skin is thicker than white skin, they've learned. Digging deeper reveals that these notions, as old as transatlantic slavery, have no evidence behind them. Yet a 2016 survey in PNAS of white medical students and residents found that half of the respondents still believe and act on them.
- Spirometry is an oft-cited example. Diagnosing or monitoring the status of lung conditions such as asthma and chronic obstructive pulmonary disease commonly involves this test, in which a machine measures the force and volume of a patient's exhalations, calculates the lung capacity, and determines whether it's within normal range. The ranges considered normal are adjusted downward for shorter and older people and women, who've been shown to have lower lung capacity than taller and younger people and men of comparable health. Ranges also are lowered for Black, Hispanic, and Asian people.
- How slavery-era stereotypes regarding the shape of Black and white women's pelvises continue to appear in textbooks and to factor into clinical decisions such as whether to recommend attempting vaginal birth after a cesarean delivery







Personally Mediated Racism

- Intentional
- Unintentional
- Acts of Commission
- Acts of Omission
- Maintains structural barriers
- Condoned by Societal norms



Why No Cognitive Dissonance: Why "they" don't know they're being offensive or biased?



Aligned with policy and procedures



Decision is one of several acceptable choices



No challenger to decision choice



Poll

One key to dismantling racism is to create Cognitive Dissonance.

Agree

Disagree





Cost

When your earnings don't cover your expenses.

Diabetes self-management



Six states have syringe prescription laws that are a significant barrier to syringe access:

California.

Delaware.

Illinois.

Massachusetts.

New Jersey.

Pennsylvania.

\$9.24

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Medicine? Or Medical Equipment?









by Lizzie Presser

•May 19, 2020



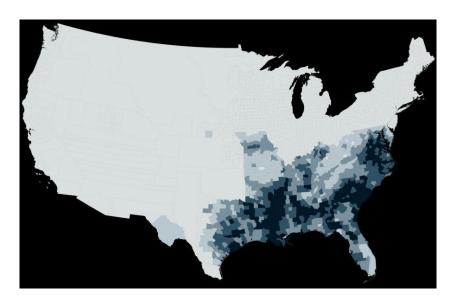


Source: Pro Publica



AVERAGE ANNUAL AMPUTATIONS, 2007-9 The average number of amputations for peripheral artery disease per 10,000 patients per year. Source: Dartmouth Atlas of Healthcare

ENSLAVED POPULATION IN 1860



The percentage of the population enslaved in 1860. Source: IPUMS NHGIS, University of Minnesota

What's to be Done??

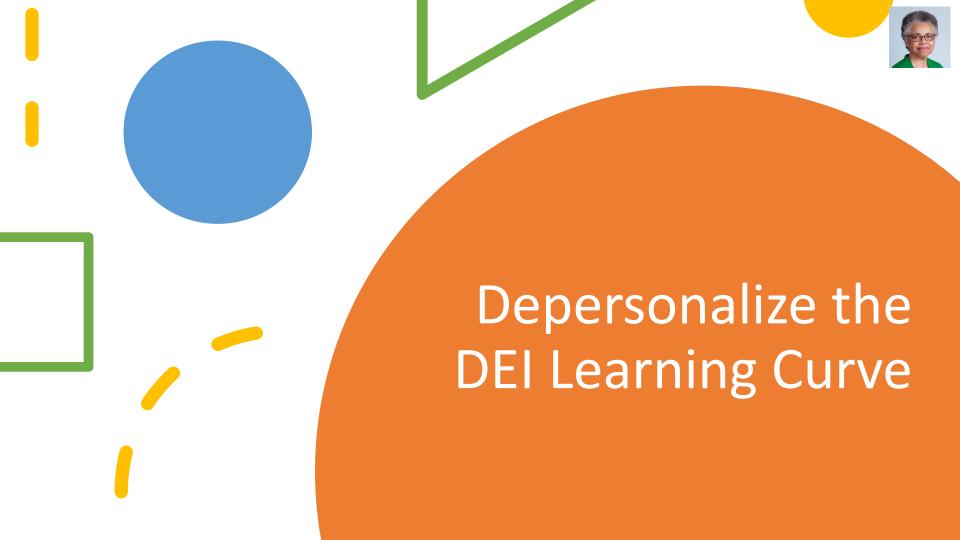
Understanding the Complexities





How to Identify Systemic Racism

- Operationalize the concept
- Use what you learn to examine organizational policies, data collection practices and use e.g. use of algorithms, race corrections in diagnostic tests, use of race in educational content
- Examine service design. Who is being filtered out?
- Watch for "cost saving", "risk assessment", etc as proxy language for race.





Preventing Diabetes

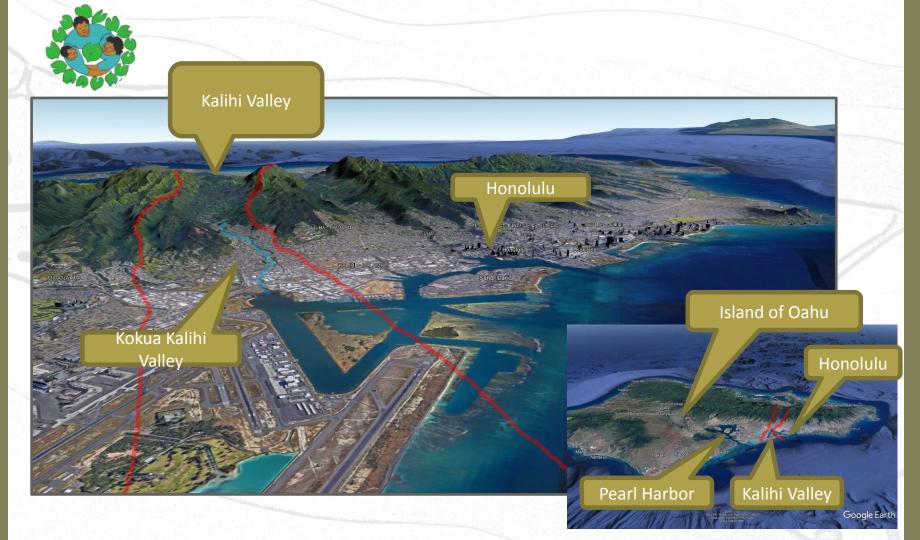
A Pacific Community Health Approach at Kokua Kalihi Valley

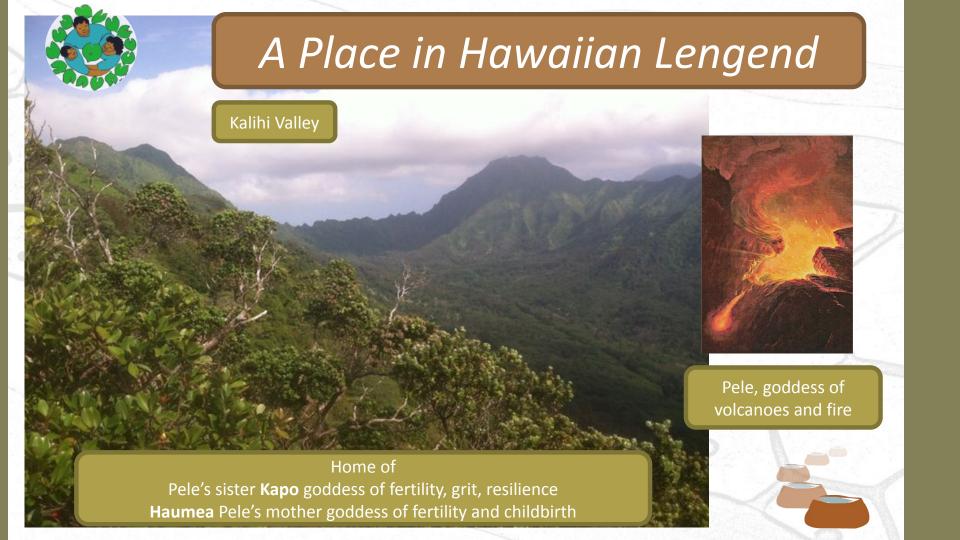


Talk Objectives

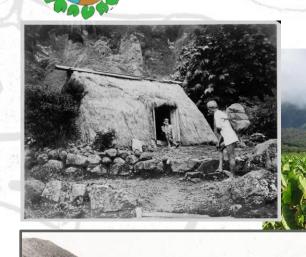
- Kalihi Valley
 - The place, its history, its residents and Diabetes
- Kokua Kalihi Valley Health Center
- Community Diabetes Prevention Efforts at KKV

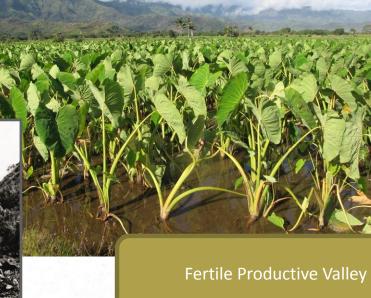






Kalihi Valley

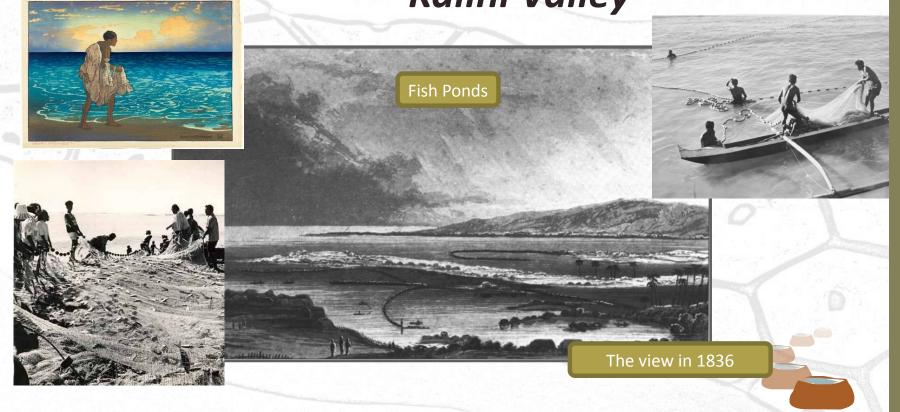






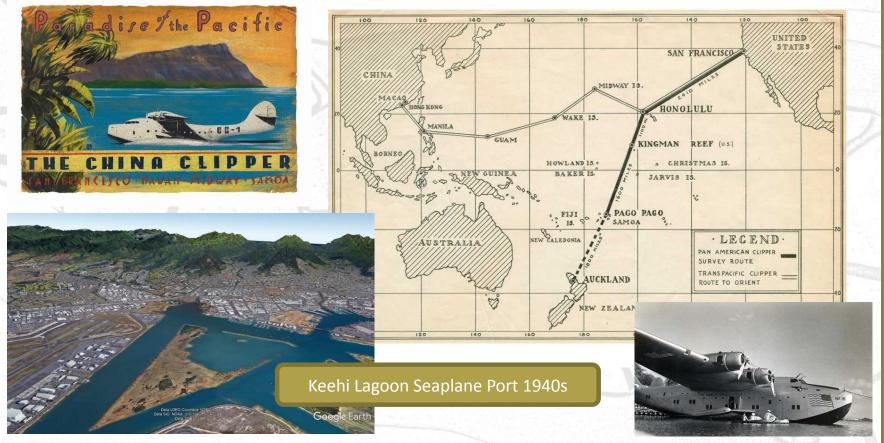


A Place of Abundance, of Health Kalihi Valley

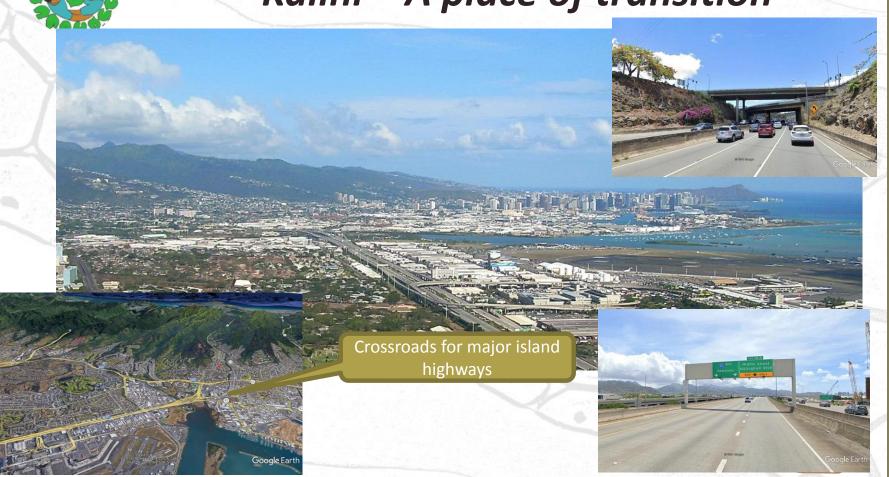




Kalihi - A place of transition







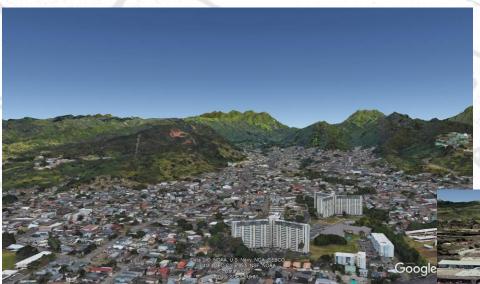


Kalihi - A place of transition





Modern Kalihi



 Mix of commercial, residential, and government (public housing) space

• Home to 52,981 residents in 2019 ACS



Residents of Kalihi Valley



- **1/3 born in** Asian, Pacific Island Nation
 - Micronesia
 - Samoa
 - Philippines
- 1/3 1/2 of homes

 Asian / Pacific Island

 language spoken as primary

 language(e.g. Chuukese,

 Samoan, Iloko)









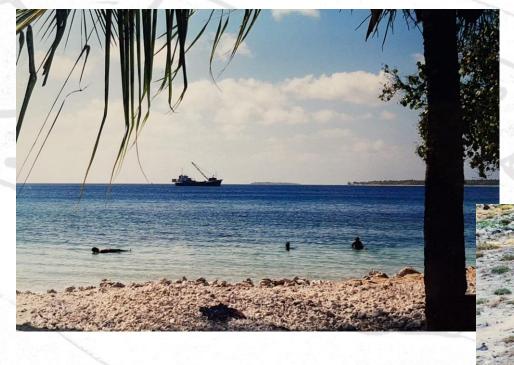


















Kalihi and Work

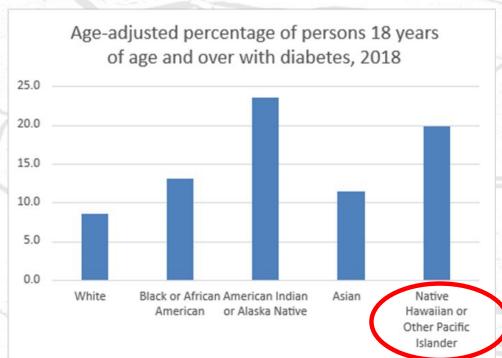


- Top 3 employment sectors
 - Hospitality
 - Retail
 - Healthcare
- Average Income
 - \$27K per capita (3/4 Honolulu average)
- Many working multiple jobs
- Multiple workers in households





Asian, Pacific Islanders Burden of Diabetes



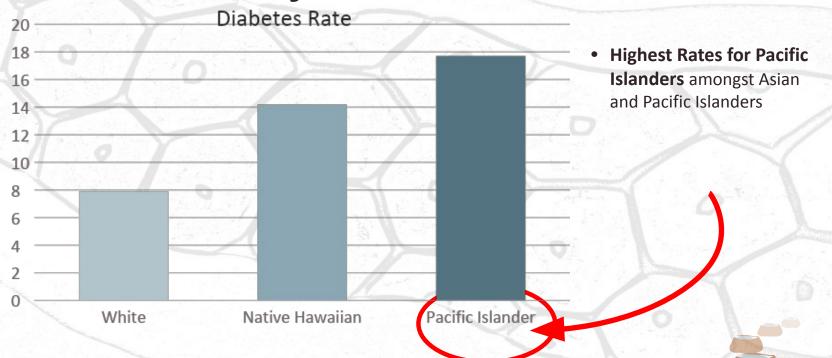
 Native Hawaiian / Pacific Islanders 2.5 x the rate of diagnosed diabetes cases compared to non-Hispanic Whites in 2018

Source: CDC 2021. Summary Health Statistics:

National Health Interview Survey: 2018. Table A-4a.



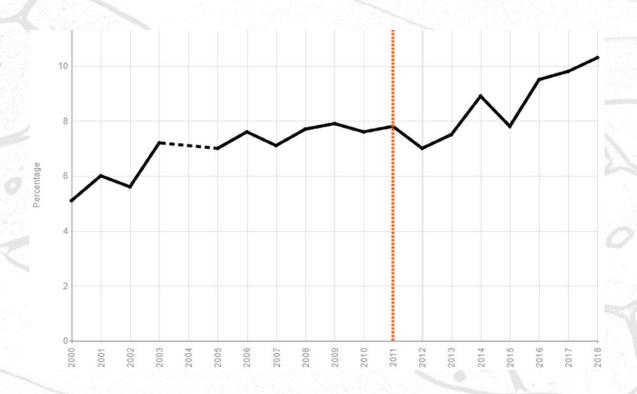
Burden of Diabetes Pacific Islanders

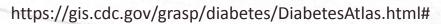


source: CDC, 2017. Health Conditions and Behaviors of Native Hawaiian and Pacific Islander Persons in the United States, 2014. Vital and Health Statistics, Series 3, No. 40. Table 9.



Diagnosed Diabetes in Hawaii

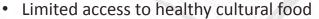






Factors contributing to Diabetes Burden





- Cost
- Limited means of transportation
- Limited access to cultural foods



Limited opportunities for exercise

Open, safe spaces





Factors contributing to Diabetes Burden



- Lack of access to healthy cultural food
 - Cost
 - Limited means of transportation
 - Limited access to cultural foods
- Limited opportunities for exercise
 - Open, safe spaces





Kokua Kalihi Valley The health center





Kokua Kalihi Valley Health Center



1972

 Started in trailer located Church parking lot. 4 female employees going door to door. Talk – story.

"Neighbors being neighborly to neighbors"

1989

- Designated a Federally Qualified Health Center (FQHC)
- Service area of Kalihi Valley -96819, where patients initially must live to establish care





Kokua Kalihi Valley Health Center



Today

- •Celebrate 50 years in Kalihi Valley, Honolulu in 2022
- •40,000+ client visits per year
- •96% Asian Pacific Islander ethnicity
- •60% of clients best served in another language than English
- •36% of patients live in public housing
- •18% uninsured





What is KKV doing to prevent diabetes?





At KKV, Health means Wholeness



"We have to treat the whole, the whole community, the whole family."

Preventing Diabetes

At KKV, Health means Wholeness

4 Connections framework for health



Connection to past and present

To have kuleana; a purpose in the world.

Connection to your better self To find and know yourself.

Connection to place
To have kinship with aina.

Connection to others

To love and be loved; to understand and be understood.





Some of our current KKV programs:

- •Comprehensive Elder Services
- •Ho'oulu 'Aina Nature Preserve
- •Tobacco and Betel Nut Cessation
- •Public Housing Care Management
- •Kalihi Valley Instructional Bike Exchange
- •Medical-Legal Partnership for Children
- •Interpreter Services in 21 languages
- •Roots Food Program
- •Traditional medicine cultivation
- Native re-forestry
- •Indigenous Diets
- •Transportation services
- •Community navigation
- Youth programs

<u>Classes:</u> Sewing, Parenting, **Pili 'Ohana**, Chronic Disease Self Management, Tennis, Family Strengthening, Hula, Canoe-making



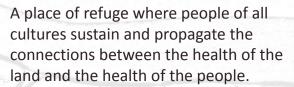


Ho'oulu 'Aina Nature Preserve









Community comes together around forest, food, knowledge, spirituality, and health activity.









Neighborhoods as a Means to Health

Moving to Opportunity – Department of Housing and Urban Development demonstration project.



- Randomized social experiment by HUD 1994 1998
- 4498 women and children living in public housing in high poverty urban census track (>40%)
- Randomly assigned 3 groups
 - Low poverty housing vouchers standard housing vouchers redeemable only if moved to low poverty census tracts (<10% in 1990)
 - Standard housing vouchers
 - No housing vouchers





Moving to Opportunity – Department of Housing and Urban Development demonstration project.



Measurement and analysis by Ludwig et al NEJM 2011 "Neighborhoods, Obesity, Diabetes-A Randomized Social Experiment"

- BMI, A1c followed at baseline and 10-15 year long term follow up
- For patients receiving low poverty vouchers
 - Significantly lower rates of moderate severe obesity (BMI >=35, 40) RRR (12-20%)
 - Significantly lower A1c >= 6.5 RRR (19%)



Kalihi Valley Instructional Bike Exchange







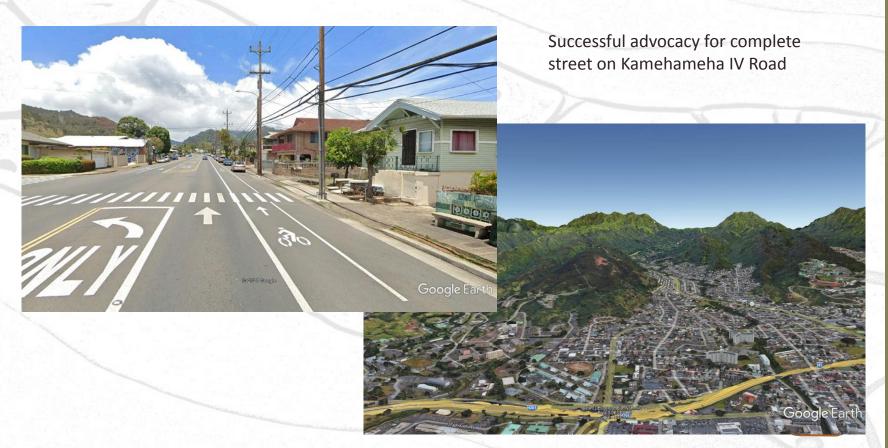


- KVIBE started in 2005 out of an active living design grant that promoted physical activity in communities with a high rate of diabetes
- 400 donated bikes yearly refurbished by youth
- 4000 bikes are repaired though 9000 youth service hours.
- 90% of participants ride their bicycles more often since starting at KVIBE
- 63% of youth saying they have helped others to learn how to fix bikes.
- · Learn about issues of social justice





Kalihi Valley Instructional Bike Exchange





Elder Exercise Program











Roots Food Program





- Providing access to healthy, cultural affordable foods
 - Food Hub
 - Double your EBT program
 - Packs of Produce program for low income at risk families with at least one member who has diabetes
 - Farmers Market connecting local farmers to public housing residents





"We have to see all the parts of community as health."







Mahalo Nui Loa



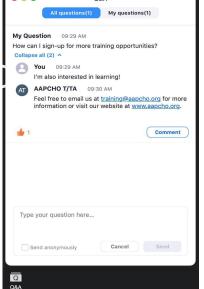
Kokua Kalihi Valley www.kkv.net

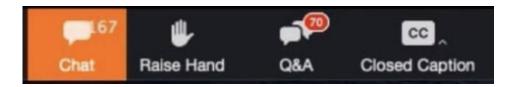
"Communities Driving Health Equity — KKV" youtube.com



Q&A

Please type your questions into the Q&A box or raise your hand and unmute. You can "upvote" and comment on other attendees' questions.







RESOURCES

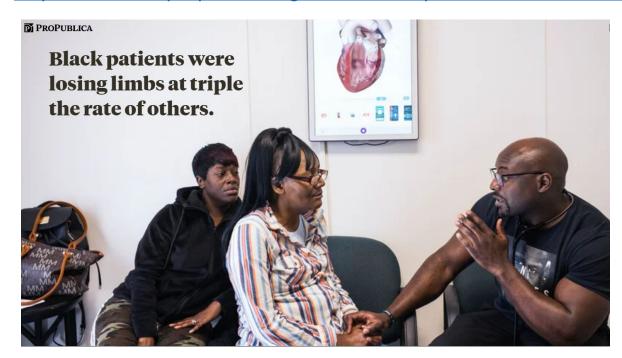
- National Diabetes Prevention Program
 - https://www.cdc.gov/diabetes/prevention/index.html
- Pacific Islander Diabetes Prevention Program
 - https://pi-copce.org/pi-dpp/
- Prediabetes Awareness Campaign
 - www.DolHavePrediabetes.org
- American Medical Association
 - https://amapreventdiabetes.org
- HRSA Diabetes Quality Improvement Initiative
 - https://bphc.hrsa.gov/qualityimprovement/clinicalquality/diabetes.html



FURTHER READING

The Black American Amputation Epidemic, ProPublica (2020)

https://features.propublica.org/diabetes-amputations/black-american-amputation-epidemic/





NEXT STEPS

Learn more about National DPP providers in your area

https://nccd.cdc.gov/DDT DPRP/Registry.aspx



Upcoming Learning Opportunity

National Diabetes Prevention Program Community of Practice

December Session: December 8, 2021 3:00pm EST





https://nurseledcare.phmc.org/training/item/1135-diabetes-prevention-program.html

Upcoming Webinar Opportunity



Register Now to Save Your Spot



Language Access at Community Health Centers

Thursday, December 16 9:00am HT / 11:00am PT / 2:00pm ET

Register at: bit.ly/CHCLanguageAccess-1216



https://bit.ly/CHCLanguageAccess-1216

THANK YOU!

NURSELEDCARE.ORG AAPCHO.ORG



