



# **“Strategies to Increase Diabetes Screening Among Asian American Populations”**

**Session 3**

**Implementing Diabetes Screening Protocols  
for AA Populations at Health Centers**

**March 22nd, 2021**

**9-10:30am HT | 12-1:30pm PT | 3-4:40pm ET**

# Moderators



**Sakura Miyazaki**

Program Manager, Training and Technical Assistance  
Association of Asian Pacific  
Community Health Organizations



**Jen Lee**

Deputy Director  
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**Albert Ayson, Jr.**

Associate Director, Training and Technical Assistance  
Association of Asian Pacific  
Community Health Organizations

# AAPCHO Stands in Solidarity with the Asian and Asian American Community

*AAPCHO is deeply concerned about the increasing number of incidents of hate toward Asian and Asian American communities.*

*We are committed to providing support to affected communities across the country, and we continue to fight against systemic racism, xenophobia, and discrimination. We continue to acknowledge that racism is a public health crisis, affecting Asian Americans, Native Hawaiians, and Pacific Islanders, and other communities of color. AAPCHO stands with our community, our health centers, and advocates. Let us know how we can support you.*

For our full statement and resources visit: <https://bit.ly/3qYAviY>

# Overview of Learning Collaborative

- Four 90-minute sessions every Monday
  - Session 1: Overview of Diabetes Prevalence Amongst AA Populations
  - Session 2: Diabetes Screening Guidelines for AA Populations
  - **Session 3: Implementing Diabetes Screening Protocols for AA Populations at Health Centers**
  - Session 4: Direct and Indirect Implications of Screening Protocols

# Today's Learning Objectives

- To understand HRSA's Diabetes QI initiative and its goals
- To identify appropriate AA diabetes screening protocols for health centers
- To identify potential methods to implement AA diabetes screening protocols for health centers

# Panelist



## **Robert Marlin, MD, PhD, MPH**

- Chief of the Metta Health Center and Chief of the Department of Family Medicine and Associate Chief Medical Officer at Lowell Community Health Center
- Previously served as the founding director of the Coordinated Care Program for Political Violence Survivors at the Cambridge Health Alliance
- Work focuses on care integration and the development of community-based interventions to advance the health and well-being of populations

# Poll

Which of the following best describes your organization type?

- Community Health Center (FQHC, Look-Alike)
- Primary Care Association (PCA)
- National Training & Technical Assistance Partner (NTTAP)
- Health Center Controlled Network (HCCN)
- Government
- Academic Institution
- Social Service or Community-Based Organization (CBO)
- Other

# Agenda

- Reflections and key takeaways from session 2 (5 minutes)
- HRSA's Quality Improvement Initiative (5 minutes)
- Lowell Community Health Center's Introduction (10 minutes)
- Group Discussion (20 minutes)
- Breakout Rooms (25 minutes)
- Debrief (10 minutes)
- Homework and preview of next session (5 minutes)



What were your key takeaways from Session 2?

# Key points from Joslin Diabetes Center

- Diabetes occurs in AAs at a lower BMI
- AAs have a high rate of gestational diabetes
- Diabetes can be prevented in all ethnic groups
- Certain diabetes medications like acarbose may work better for AAs
- AAs are less likely to do routine screening tests compared to other ethnic groups

# Health Center Program Diabetes Quality Improvement Initiative Goals

- Improve diabetes treatment and management
- **Increase diabetes prevention efforts**
- Reduce health disparities



Source: Diabetes and Health Centers.

<https://bphc.hrsa.gov/qualityimprovement/clinicalquality/diabetes.html>

# 2019 Health Center Diabetes Facts

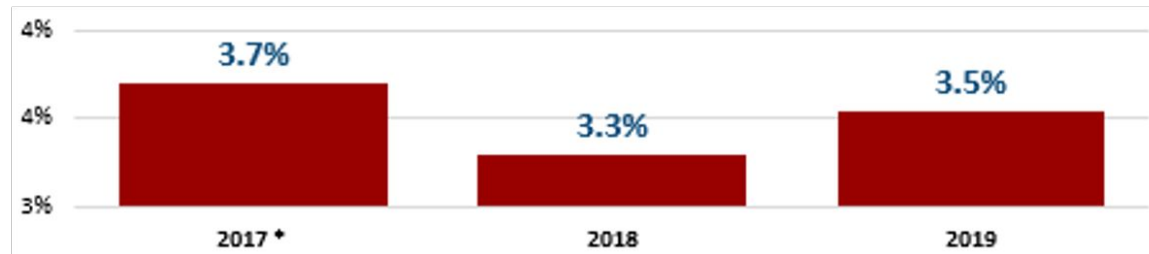
## 2019 Diabetes Fast Facts

**2.6M** → Total number of patients diagnosed with type 1 or type 2 diabetes, an increase from 2.4M in 2018.

**15.28%** → Percentage of adult health center patients with diabetes, an increase from 14.98% in 2017, compared to the 9.4%† of American adults with diabetes.

**32%** → Percentage of adult patients with uncontrolled diabetes, decrease from 33% 2017.

### % of HRSA Health Centers that Met the HP2020 Goal (<16.2%) for Uncontrolled Diabetes

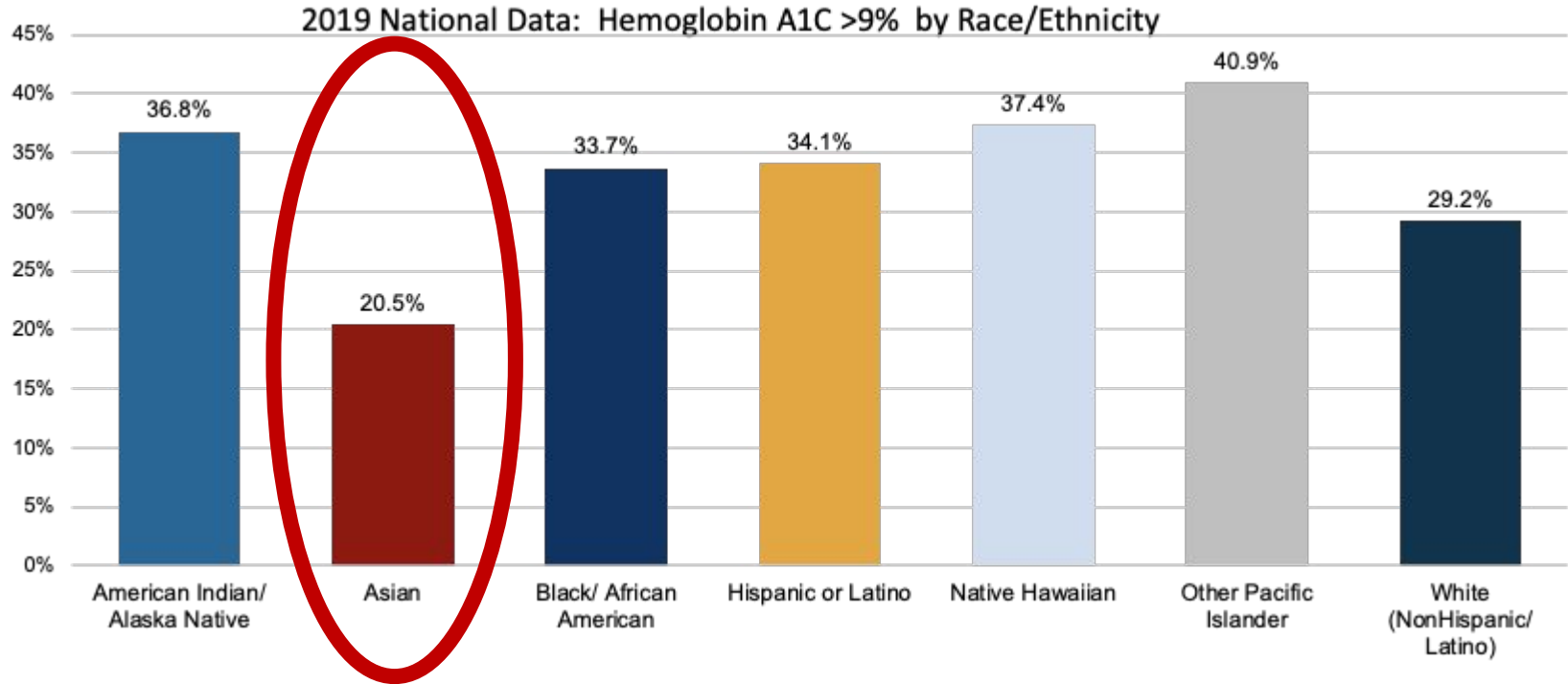


\*Operational definition changed in 2016.

† <https://www.cdc.gov/media/releases/2017/p0718-diabetes-report.html>

Source: Uniform Data System 2017 - 2019 - Table 6A and 7

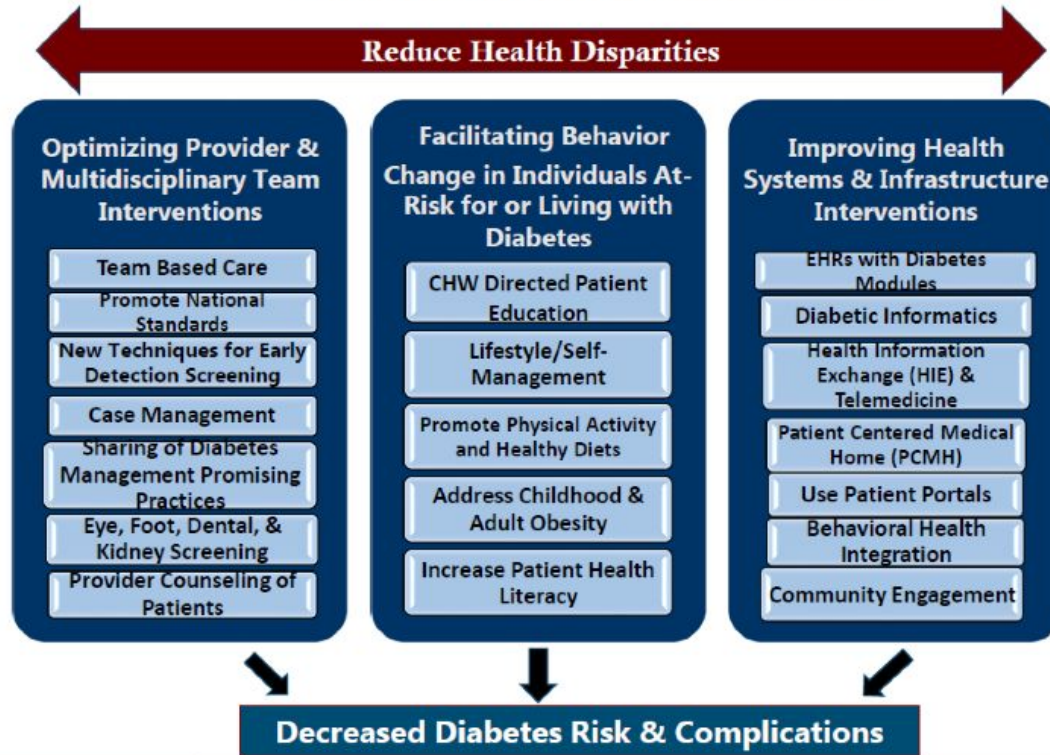
# 2019 Health Center Diabetes Facts



Source: Uniform Data System 2019 - Table 7

# HRSA's Health Center Technical Assistance Partners Strategies to Address the Diabetes Continuum of Care

## Health Center Technical Assistance Partners Strategies to Address the Diabetes Continuum of Care



# Metta Health Center, Lowell, MA

One of the nation's first fully integrated East Meets West health care facilities, Metta Health Center focuses on Lowell's Southeast Asian and other refugee populations. "Metta" means loving kindness in the Buddhist Pali language.



## Metta Health Center / Lowell Community Health Center

- founded in 1970 in wave of CHC openings
- population of Lowell is 111,000, including 23% AAPI and 28.4% immigrants/refugees (as well as greater Lowell)
- 50% of residents access services at LCHC, including 28,000 in primary care





## Metta Health Center

- founded in 2000 to serve the Southeast Asian refugee population specifically, including torture survivors
- multidisciplinary care model that includes primary care, mental healthcare, acupuncture, massage, dental care, eye care, and CHWs
- currently serving 4500 patients (majority Khmer – 20% with DM)



## Diabetes care

- identifying patients at risk/in need of screening
- interprofessional care, including joint visits with clinical pharmacist/CDE/RD to uncover barriers to optimization of care, focusing on SDOH (access to food, medicine, transport, etc..) and ongoing communication between specialists (podiatry, oral health, vision health, etc...)
- Chronic Disease Self-Management training/cooking classes

## Screening for DM 2

- DSRIP project 2020 – screening for DM 2 in Khmer adult patients with BMI 23.0-24.9
  - 36 patients over 45
  - 54 patients 21-44.9
  - 37% screened within 90 days
- >45: 25% with previously unrecognized DM 2/preDM
- some did not f/u after screening or PCCs did not discuss DM

# Q & A

# Breakout Rooms (25 minutes)

## Main Room: Non-Health Centers

- **Introductions**
- **Discussion Questions**
  - Describe your organization and the AA populations served
  - What has your organization done to actively engage the AA community in diabetes prevention?
  - What have been the best community supports or partners in your diabetes prevention efforts, and why?
  - What have you found challenging in engaging the AA community when it comes to diabetes prevention?

## Breakout Room: Health Centers

- **Introductions**
- **Fishbone Diagram**
- **Discussion Question**
  - What would be the most helpful resource for your health center to implement diabetes screening protocols for AA patients?

# Upcoming: Session 4 (last session!)

- Monday, March 29th
- Same time: 9-10:30am HT | 12-1:30pm PT | 3-4:40pm ET
- Direct and Indirect Implications of Screening Protocols
- Panelist from the National Council of Asian Pacific Islander Physicians, organizers of Screen at 23
- Complete one “piece” of fishbone diagram before session 4

# Exit Poll

1. Overall, how satisfied are you with this session?
2. How confident are you that you will be able to apply information from this session at your health center/organization?
3. Based on your level of knowledge prior to the session, how would you rate changes to your knowledge as a result of the session?

# Exit Survey

Optional, but feel free to share your thoughts with us!

<https://www.surveymonkey.com/r/HTW729K>



Thank you!  
See you next Monday



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