

AAPCHO



PI-CoPCE

PACIFIC ISLANDER CENTER OF PRIMARY CARE EXCELLENCE

Preparedness for Diabetes Management During COVID-19 Learning Series

Session 2: Diabetes Management and COVID-19

**June 10 2020 (US)
June 11, 2020 (USAPI)**

**Moderator: Jen Lee, Director of Community Services and
Partnerships, AAPCHO**

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Q&A



Chat



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Q&A

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 - The names of any colleagues who may be attending today’s session with you.



About AAPCHO

AAPCHO is dedicated to promoting **advocacy, collaboration,** and **leadership** that improves the health status and access of Asian Americans (AAs) and Native Hawaiian and Pacific Islanders (NHPIs) within the United States, the U.S. territories, and the Freely Associated States.



Acknowledgements



PI-CoPCE

PACIFIC ISLANDER CENTER OF PRIMARY CARE EXCELLENCE

Pacific Islander Center of Excellence in Primary Care

OUR MISSION

The Pacific Islander Center of Primary Care Excellence (PI-CoPCE) was established to improve the health of Pacific Islanders (PIs) in the United States and U.S. Pacific through **primary care support, research, workforce development, and community initiatives.**

PI-CoPCE is unique in such a way that the Center focuses on all Pacific Islanders in the United States, Hawaii, and the U.S. Pacific; is focused only on primary care services; and collaborates not only with community health centers (CHCs) but also with community-based organizations (CBOs).



For more information visit: pi-copce.org

Preparedness for Diabetes Management During COVID-19 Learning Series

Learning Objectives

1. Increase awareness of the National Pacific Islander COVID-19 Community Mobilization Response Plan.
- 2. Provide health centers with key considerations to support medication management during the time of COVID-19 for Pacific Islander patients with diabetes.**
3. Provide customized community health center response plans for COVID-19 that incorporate the needs of patients with diabetes.

Session 1: Recap

Objective

1. Increase awareness of the National Pacific Islander COVID-19 Community Mobilization Response Plan.
2. Review of National PI COVID-19 Response Team Strategies
 1. Slow and Stop the Spread
 2. Increase Testing and Contact Tracing
 3. Provide Isolation and Quarantine Support

Session 1: Recap

NATIONAL PI STRATEGIES	EXAMPLES OF ACTIVITIES
A. SLOW AND STOP THE SPREAD	
1. Promote and support the use of <u>personal protective measures</u> or PPMs (e.g., handwashing, cough etiquette, and face coverings).	<ul style="list-style-type: none">a. Translate and use materials and information that are culturally and linguistically appropriate/respectful from trusted sources (like CDC, CHCs and WHO)b. Use NHPI data from trusted sources (contact your local health department or the PI COVID-19 Response Team’s Data Workgroup)c. Use trusted messengers (e.g. PI health care providers, faith leaders, etc.)d. Partner with churches, cultural clubs, CBOs, coalitions, etc. to promote and support the use of personal protective measures.e. Utilize all communication channels (including social media) to promote the use of personal protective measures.
2. Promote and support <u>Social distancing</u> (e.g., maintaining physical distance between persons in community settings and staying at home).	<ul style="list-style-type: none">a. Translate and use materials and information that are culturally and linguistically appropriate/respectful materials from trusted sources (like CDC and CHCs)b. Use NHPI data from trusted sources (contact your local health department or the PI COVID-19 Response Team’s Data Workgroup)c. Use trusted messengers (e.g. PI health care providers, faith leaders, etc.)d. Partner with churches, cultural clubs, CBOs, coalitions, etc. to promote and support social distancing.e. Utilize all communication channels (including social media) to promote social distancing

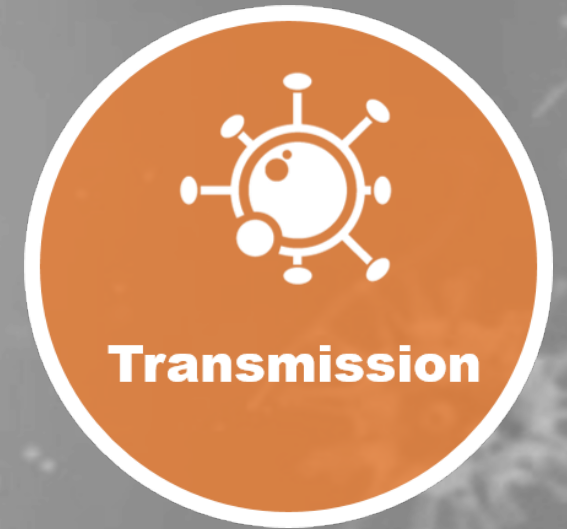
Guest Speaker



Raynald Samoa, MD

Endocrinologist, City of Hope

National Lead, Pacific Islander COVID-19 Response Team





MEETING

**Diabetes Management
Preparedness During
COVID-19 for Pacific
Islander Populations**

**June 10, 2020
AAPCHO Training**

Raynald Samoa M.D.



RISK



MORTALITY



INFECTION



MORTALITY

“the risk of a fatal outcome from COVID-19 is up to 50% higher in patients with diabetes than in those who do not have diabetes “

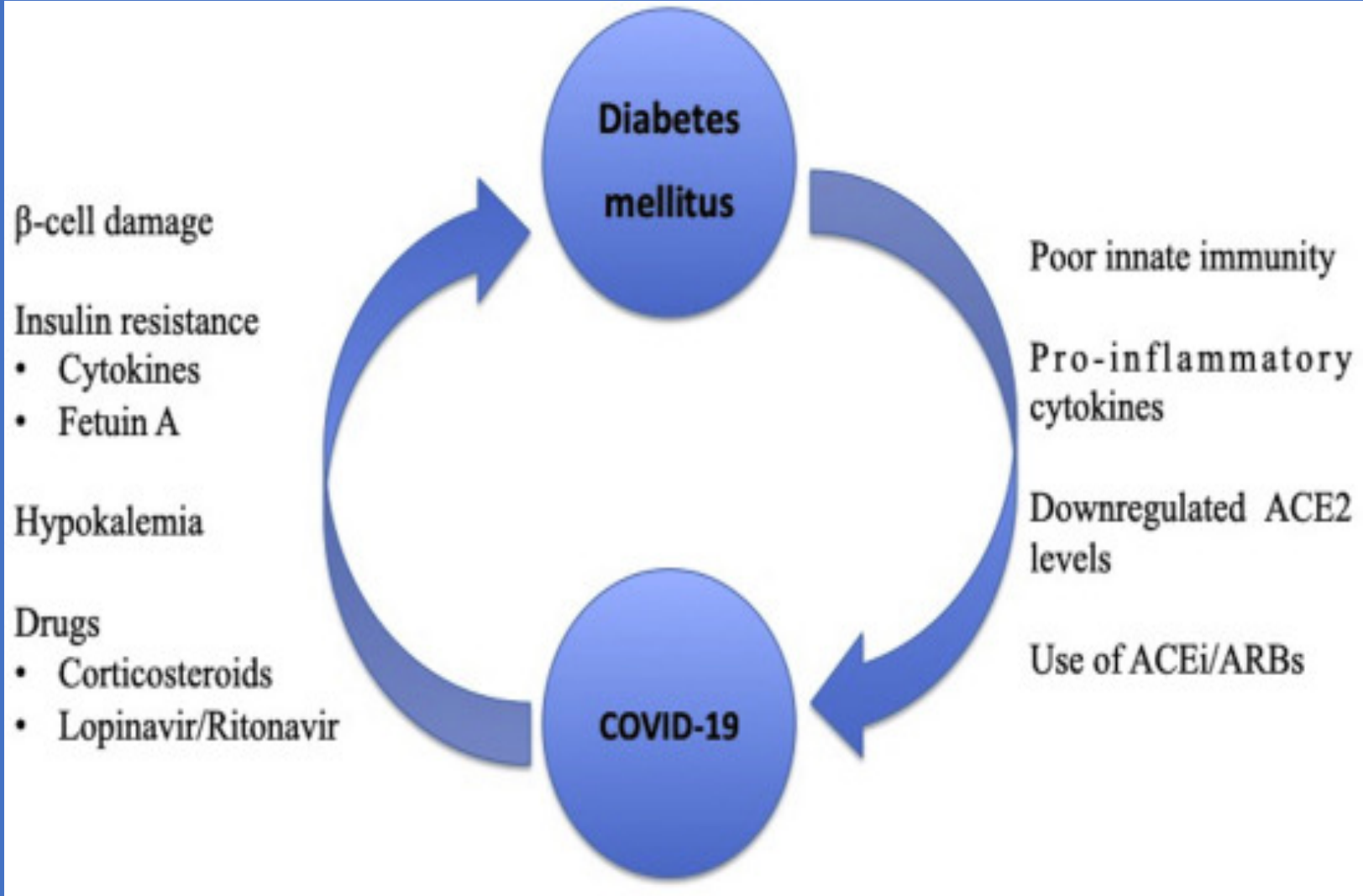


INFECTION

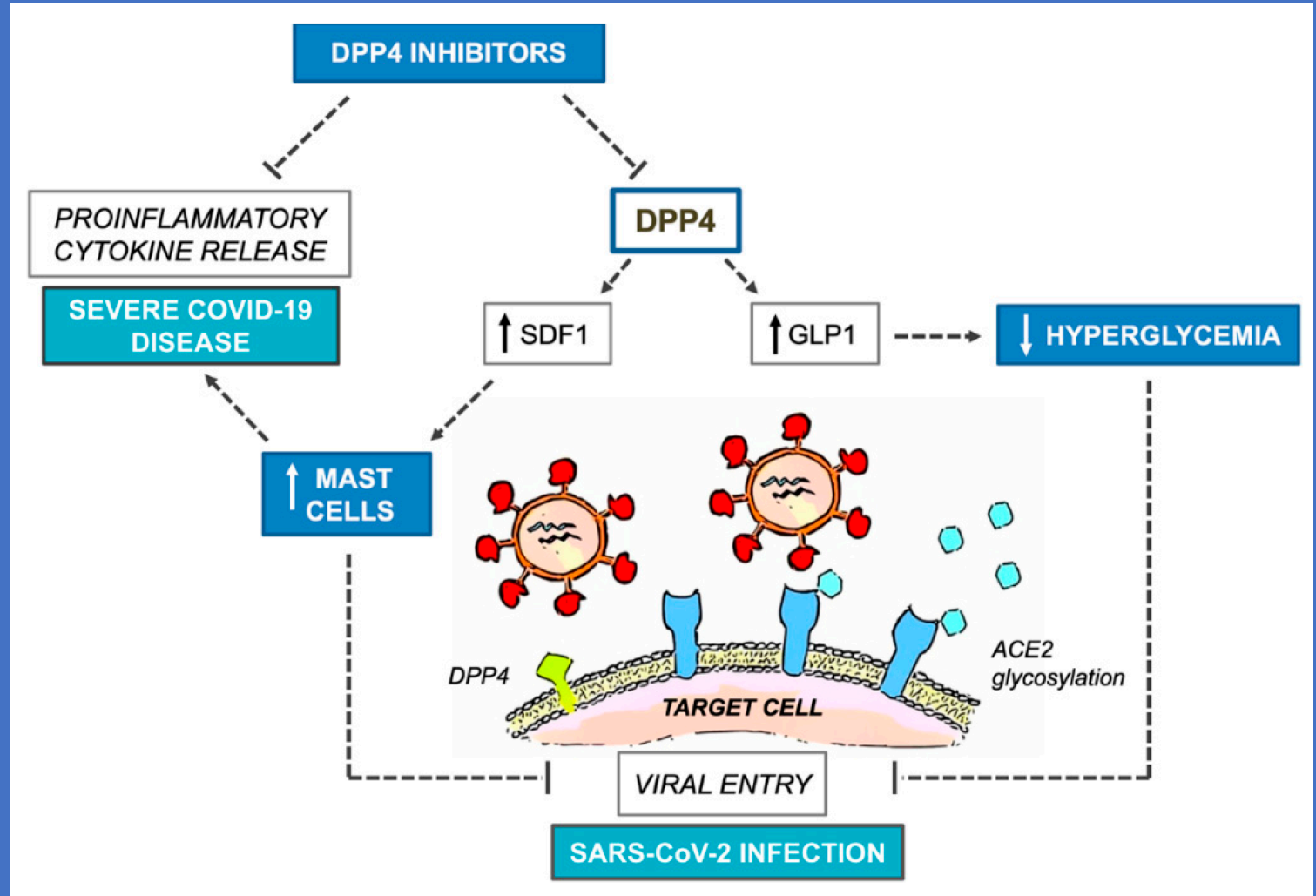
ACE2

DPP-4

ACE2



DPP-4





TREATMENT

CONSENSUS

DRUGS

TELE-VISIT

DRUGS

METFORMIN

**SGLPT-2
INHIBITORS**

**DPP-4
INHIBITORS**

GLP-1

INSULIN

CONSENSUS

Consensus recommendations for COVID-19 and metabolic disease

Out-patient care

Prevention of infection in diabetes

- Sensitisation of patients with diabetes for the importance of optimal metabolic control
- Optimisation of current therapy if appropriate
- Caution with premature discontinuation of established therapy
- Utilisation of Telemedicine and Connected Health models if possible to maintain maximal self containment

In-patient or intensive care unit

Monitor for new onset diabetes in infected patients (in-patient care)

Management of infected patients with diabetes (intensive care unit)

- Plasma glucose monitoring, electrolytes, pH, blood ketones, or β -hydroxybutyrate
- Liberal indication for early intravenous insulin therapy in severe courses (ARDS, hyperinflammation) for exact titration, avoiding variable subcutaneous resorption, and management of commonly seen very high insulin consumption

Therapeutic aims

- Plasma glucose concentration: 4–8 mmol/L (72–144 mg/dL)*
- HbA_{1c}: † less than 53 mmol/mol (7%)
- CGM/FGM targets
 - TIR (3.9–10 mmol/L): more than 70% (>50% in frail and older people)
 - Hypoglycaemia (<3.9 mmol/L): less than 4% (<1% in frail and older people)
- Plasma glucose concentration: 4–10 mmol/L (72–180 mg/dL)*

METFORMIN

Dehydration and lactic acidosis will probably occur if patients are dehydrated, so patients should stop taking the drug and follow sick day rules

During illness, renal function should be carefully monitored because of the high risk of chronic kidney disease or acute kidney injury

SGLPT-2 INHIBITORS

These include canagliflozin, dapagliflozin, and empagliflozin

Risk of dehydration and diabetic ketoacidosis during illness, so patients should stop taking the drugs and follow sick day rules

Patients should avoid initiating therapy during respiratory illness

Renal function should be carefully monitored for acute kidney injury

DPP-4 INHIBITORS

These include alogliptin, linagliptin, saxagliptin, and sitagliptin

These drugs are generally well tolerated and can be continued



GLP-1

These include albiglutide, dulaglutide, exenatide-extended release, liraglutide, lixisenatide, and semaglutide.

Dehydration is likely to lead to a serious illness so patients should be closely monitored.

Adequate fluid intake and regular meals should be encouraged



INSULIN

Insulin therapy should not be stopped

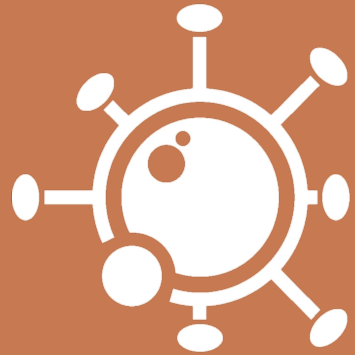
Regular self-monitoring of blood-glucose every 2–4 hours should be encouraged, or continuous glucose monitoring

Carefully adjust regular therapy if appropriate to reach therapeutic goals according to diabetes type, comorbidities, and health status

Connected Health models and Telemedicine should be used to continue regular reviews and self-management education programs virtually and ensure patients are adherent to therapy.

TELE-VISIT





Transmission

Translation

Community

Translation

VISITOR FACING

KŌMIJ KŌJPAROK RO REJ JOKWE IJIN BWE REN JAB BŌK COVID-19



Ilo am pokake kakien ko jān Public Health, kōmij:

- Lale ri jermal ro aolep raan im lale ejaññe ewor aer piba, pokpok, ak kajjinōk.



- Ba bwe ri jermal ro re nañinmej ren pād wōt moko lṃweir.



- Kōtjok bwe ro wōt im rej deļoñ rej ro im kōmij aikuj jermal ko rej kōmman.



- Karreo im joļok kij aolep llen jān men ko armej rej jibwi.



Ñan koṃ koṃij lotok armej ilo ṃwiin, jouj im jipañ kōjparok ro rej jokwe ijin:

- Kwōn JAB deļoñ ejaññe kwō nañinmej ak ejaññe kwar epaake armej me ewor aer COVID-19.
- Kwōn JAB deļoñ ñe ab ewor men ko re lukkuun aorōk kwōj aikuj kōmmani ippān ro rej jokwe ijin, im ej kain jermal eo kwō jab maroñ kōmmani kōn telephone ak online.
- Ejaññe kwōj aikuj deļoñ, kwōj jutak 6 ne ediktata ettoļok jān armej ñe kwō maroñ.

- Kwōn jab etal ñan aolep jikin ilo ṃweo im jab pād ilo jikin ko me aolep re kijōñ pād ie.



Public Health
Seattle & King County

VISITOR FACING

O LOO MATOU PUIPUIA O MATOU TAGATA MAI LE COVID-19



I le tali atu i faatonuga a le Soifua Maloloina Lautele, ua matou:

- Siaki tagata faigaluega i aso ta'itasi pe fiva, tali, ma puupuu le mānava.



- Faamautinoa ua nonofo i le fale tagata e mama'i.



- Faataga na'o tagata asiase e faia auaunaga lē ma'alofia.



- Faamamā ma faasenitasia soo luga o laulau ma mafola.



Tagata asiase mai, faamolemole fesoasoani e puipui lo tatou vaipanoa:

- AUA ne'i e ulufale mai pe afai ua e ma'i pe na e latalata i tagata ua iai le COVID-19.
- AUA ne'i e ulufale mai se'i vagana e iai sau feau lē ma'alofia i se tagata iinei ma e le mafai ona faatali pe faataunuu i se telefoni.
- Afai e te ulufale mai, ia 6 futu pe sili atu lou mamao mai isi i taimi uma e mafai ai.

- Faalaitiiti lou fealua'i i totonu o le fale ma aua e te faaaogaina vaega poo itu e masani ai.



Public Health
Seattle & King County

PROGRAM

ARKANSAS

WASHINGTON

UTAH

OREGON

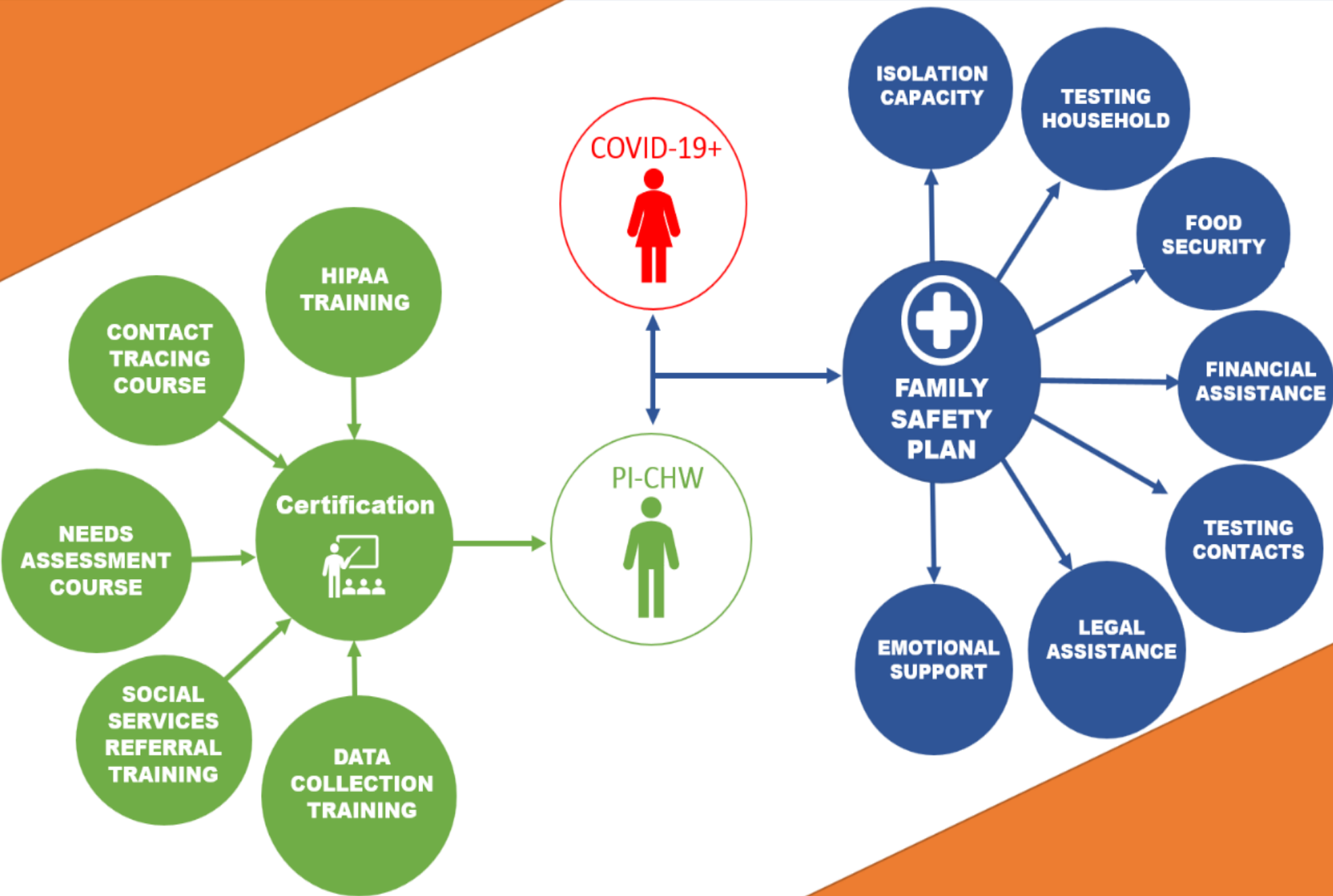
Community

CALIFORNIA

HAWAII

<https://pi-copce.org/covid19response/>

PROGRAM





Q & A

Homework Reminder:
Developing Your Health Center COVID-19 and
Diabetes Response Plan

Session 2: Evaluation

Session 3: Developing Your Health Center Response Plan - Lessons from the Field

Guest Speakers:

Nia Aitaoto, PhD,

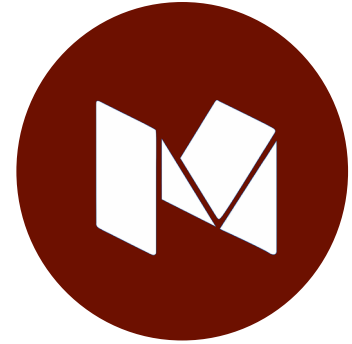
Richard Trinidad, MD

Risa Yarborough, Program Manager, Malama I Ke Ola Health Center

Malia Purdy, Programs Director, Malama I Ke Ola Health Center

Continental U.S. & Hawaii	USAPI
Date: Wednesday, June 17, 2020	Date: Thursday, June 18, 2020
2:00 pm Hawaii Standard Time 5:00 pm Pacific Standard Time 7:00 pm Central Standard Time 8:00 pm Eastern Standard Time	9:00 am Republic of Palau 10:00 am Chuuk, FSM; CNMI, Guam 11:00 am Kosrae, FSM 12:00 pm Republic of the Marshall Islands

Contact Us



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