

Annual Partnership Forum

Uniting in the Fight Against Race Disparities in Obesity and Type 2 Diabetes

A Call To Action



LOOKING BACK, MOVING FORWARD: THE AMERICAN DIABETES ASSOCIATION/SHAPING AMERICA'S HEALTH ANNUAL PARTNERSHIP FORUM

Purpose of Report

The purpose of this report is fourfold:

- To review the messages of the 2008 annual forum.
- To consider the “lessons learned” from the 2008 forum.
- To identify strategies and ideas that could inform local efforts and serve as the basis for a future action plan.
- To look ahead to the 2009 forum.

How to Use This Report

We encourage all who read this report to share it with their colleagues. It is our hope that it will inspire national and community leaders to take action to prevent overweight/obesity and type 2 diabetes as well as lessen the effects of diabetes, particularly among communities at high risk for developing the disease. The recommendations, specific strategies and presentations described in this report can be used in several ways, including to:

- Develop an action plan in your community.
- Tailor public and professional awareness messages on diabetes.
- Create stronger educational materials on obesity and diabetes.
- Engage new partners in collaborative efforts.
- Influence local and national policy and legislation that impacts diabetes.
- Develop educational materials on diabetes.
- Inform colleagues and nontraditional partners about the 2009 annual partnership forum and encourage them to attend.

Overview of 2008 Annual Forum

Uniting in the Fight Against Racial Disparities in Obesity and Type 2 Diabetes: A Call to Action, the Second Annual Partnership Forum convened by the American Diabetes Association (ADA) and Shaping America's Health (SAH), took place on August 15, 2008 in Crystal City, Virginia. This forum is part of an ongoing effort by ADA and SAH to facilitate dialogue among leaders from key national, state and community organizations regarding the urgency of action against the obesity epidemic and one of its consequences, the rise of type 2 diabetes among all age groups. A major focus of this annual forum is to confront the issues that face high-risk populations, particularly communities of color (e.g., African American, American Indian, Latino, Asian and Pacific Islander).

Intention

The intention of the conference was to “inspire, incite and empower a discussion and the creation of a collaborative action plan to prevent, alleviate and eliminate obesity and type 2 diabetes in the individuals, families and communities most at risk and hardest hit by these epidemics.”

Presentations

A key message carried throughout the day was that the race against diabetes is something that we have not yet won. However, if we work together with traditional and nontraditional partners and maintain a community focus, we can change the future of diabetes.

Leading experts described clinical, community and policy interventions on:

- Effective evidence-based practices for health care providers and lay educators that will enable them to improve outcomes in the diabetes and obesity epidemic, particularly in the context of disparities in communities of color.
- Strategies to measure and increase the effectiveness of community programs.
- Mechanisms for those with a stake in the health of communities of color to better position themselves and their concerns on the nation's agenda.

**American Diabetes Association/Shaping America's Health
2nd Annual Partnership Forum:
Uniting in the Fight Against Racial Disparities in Obesity & Type 2 Diabetes
A Call to Action: Friday, August 15, 2008
Agenda**

Welcome

- Larry Hausner, CEO, American Diabetes Association
- G. Gary Deverman, CFRE, EVP & CEO, Shaping America's Health
- James Gavin, MD, PhD – Moderator, CEO & Chief Medical Officer, Health Our Village, Inc.; Clinical Professor of Medicine, Emory University School of Medicine

Review of 1st Annual Forum Findings and Challenges

Andrea Williams, Community Initiatives Committee Chair

Consensus Conference Conclusions

Francine Kaufman, MD, Director of Endocrinology, Diabetes and Metabolism, Children's Hospital of Los Angeles

Creating the Action Plan: Clinical Interventions

- Ann Albright, PhD, RD, Director, CDC Division of Diabetes Translation
- Carlos Campos, MD, MPH, Associate Clinical Professor Department of Family Medicine, University of Texas, San Antonio
- Charles N Rotimi, PhD, Director, NIH Intramural Center for Genomics and Health Disparities

Diabetes PHD: Health Risk Calculator/My Health Advisor

Richard Kahn, PhD, Chief Scientific Officer, American Diabetes Association

Creating the Action Plan: Community Interventions

Awakening the Spirit	Yvette Roubideaux, MD
SAH Community Initiative	Pam Smith, RD
Por Tu Familia	Lurelean Gaines, MSN
AAPCHO	Jeff Cabellero, MPH
Live Empowered	Lucille Johnson, MA

Creating the Action Plan: Policy Interventions

- ADA Tri-Council representatives: Dr. Victor Gonzalez
- Terris King, Deputy Director, Office of Clinical Quality, CMS
- Guadalupe Pacheco, OMH
- Byron Sogie Thomas, NMA
- Dr. Michelle Gourdine, former Chief Public Health Physician, State of Maryland, Johns Hopkins University, author of a book on health disparity and author of the Urban League State of Black Health

Creating the Action Plan: Creating Healthy Communities Together

Francine Kaufman, MD Incoming Chair, NDEP

Breakout Report Outs/Next Steps

Closing Remarks

General Recommendations and Specific Strategies

Although time did not permit the creation of an action plan, many of the key points such an action plan might address were identified. In addition, numerous strategies were described or suggested that could form the basis for a future action plan as well as inform community efforts to combat the rise in obesity and type 2 diabetes:

General Recommendations

Influencing At-Risk Populations

- Minority populations should not be treated as if they are monolithic groups. For example, all black populations are not African American, but may come from areas such as the Carribean; Latinos may come from Central or South America as well as Europe; Asians from a great variety of countries; and American Indians from one of over 500 tribal nations. Thus, group identity does not necessarily translate to individuals.
- While genetics is important, the impact of economics, lifestyle and social and cultural factors on health must be taken into account.
- More research is needed to resolve the current uncertainty about the effect of socioeconomic status on health outcomes as well as the interplay between socioeconomic status and race/ethnicity.
- The influence of race, ethnicity and culture on preventive efforts in the clinical health care setting and the public health domain require further understanding and evaluation.
- The realities of peoples' lives and the environments in which they live and work must be taken into account when designing strategies.
- Better measures are needed to quantify the biologic effects of stress and other psychological factors.
- Behavior occurs within an environmental context, i.e., communities must be designed to promote healthy eating and physical activity. Community capacity must be enhanced to support healthy environments.
- Changes can be made in the school environment to decrease the risk of obesity.

Education

- Public education efforts need to focus on increasing awareness of the serious and potentially deadly consequences of obesity and diabetes.
- Education should consider prevention across the life cycle, e.g., from a woman considering pregnancy, to her child, to elders.
- Scientific and medical research must be translated into actionable behaviors that a lay person can understand and undertake.
- Pediatricians, primary care providers and nurses need training in cultural competency.
- Health care professionals, community leaders and individuals need to be trained and made aware of educational tools that already exist.
- Two risk assessment tools, *Diabetes PhD* and *My Health Advisor*, could be valuable tools in guiding health behavior.
- A resource directory would be very helpful for communities. (For example, California has established the Diabetes Information Resource Center.)
- Family reunions can be a venue for discussions on family health history.

Collaboration and Partnerships

- Efforts should be focused on partnerships among diverse stakeholders, such as health care professionals, community organizations, third-party payers, advocacy groups, research institutions, educators and policy makers.
- Nontraditional partnerships with non-health-related groups can be as important as the more familiar and must also be considered, e.g., community planning boards, public safety and transportation departments, city councils, school boards, civic organizations, professional associations, churches, recreation centers, restaurants.
- People within a community should be engaged from the beginning when designing programs, so that the programs can be tailored to meet the community's needs. Research indicates that programs that include community members in the planning process are more successful than those that do not.
- Strategic efforts should be aimed at training and cultivating emerging community leaders.
- Partnerships should be enhanced so that work is coordinated and aligned and resources are shared.
- More effective use should be made of all members of the health care and community worker team.

Specific Examples and Strategies

- In California, a healthcare organization (Sutter Hospitals) collaborated with worksites (First Northern Bank and newspaper Sacramento Bee) to offer employees an intervention that screened for diabetes and focused on exercise, lifestyle and nutrition. Existing educational materials developed by the National Diabetes Education Program were used, and reasonable outcomes were achieved.
- In Massachusetts, partnerships were formed with many varied groups, including the Y, a college, a visiting nurses' association and Lightolier, a manufacturing plant. In addition to conducting a risk assessment and providing education that would lead to weight loss and increased health, the company implemented policy changes to promote ongoing support for worksite wellness.
- In Michigan, partnerships were formed between Wise Woman, a program that focuses on heart disease and cancer, and organizations such as the county health department, Curves, local grocery stores and Weight Watchers. This effort used a modified version of the curriculum from the Diabetes Primary Prevention Initiative.
- In Minnesota, the Steps to a Healthier US Program was used, and a major partner was Ixsys, the entity in the state that sets policies for the state's health care delivery systems. A major outcome of this effort was being called to testify before the state legislature and granting of \$42 million for obesity prevention and lifestyle improvements.

- In Washington, a major effort was focused on working with American Indian partners as well as community-based businesses and nonprofits. The effort was similar to those described above for other states, but was centered in local areas, such as a county or smaller regional site. The program was embedded into programs that already had an ongoing presence in communities.
- In South Texas, a multi-million dollar community center was built in the most indigent part of the town of New Braunfels. This effort was a collaboration of partners such as the Texas Extension Agency, Habitat for Humanity, Lions Club, Rotary Club, state medical society, churches and various community organizations. The center provides a variety of services, including a soup kitchen, diabetes education center, charitable medical and dental clinic, classes on English as a second language, US citizenship and health literacy and after-school programs for high-risk children. The program is run by volunteers (including volunteer physicians and dentists).
- An advocacy kit was developed for tribal leaders and community members to provide tools for effectively advocating in congress for increased funding to address diabetes in American Indian communities.
- Feria de Salud – Por Tu Familia provides a fiesta environment in which diabetes education is included as one of many activities for the Latino community.
- The Association of Asian Pacific Community Health Organizations provides a web-based information gateway whose purpose is threefold. It serves as: (1) a clearinghouse for culturally and linguistically appropriate materials for Asian Americans, Native Hawaiians and Pacific Islanders; (2) a forum to help recruit, catalog and use expertise within the Asian Pacific community; (3) a mechanism for assessing the quality of specific educational materials. This review process scores educational materials on how accurate, current and linguistically and culturally appropriate they are.
- The Choose to Live program focuses on the connection between heart disease and diabetes, particularly in the African American community. Among other activities, the program engages celebrities and historically black colleges in its efforts.

2009 Forum

Significant lessons were learned at the 2008 forum that will inform planning for the 2009 forum. This year-long planning process will include the following:

- An audience recruitment strategy will be developed that focuses on expanding the conference audience. New community partners will be brought to the table to reflect the diversity of the populations the conference hopes to reach.
- The agenda will be designed so that enough time is allowed for networking, questions and answers and thoughtful discussion.
- A focus on best practices will be woven throughout the program.
- The conference will be more interactive than didactic. It will include sessions that are structured to teach about specific topics, which will inform the interactive sessions.

- Consideration will be given to ways to provide increased opportunities for collaboration.
- More emphasis will be paid to the practical implementation of programs in various settings.

The next forum is planned for Fall 2009. A save-the-date card will be sent in early 2009.

How You Can Remain Involved

In addition to attending the 2009 forum, you can contribute to our planning efforts in the following ways:

- Send suggestions for individuals or organizations that should be engaged in this effort and notified of the forum to Iris Hunter at ihunter@diabetes.org. Please include contact information for the individuals or organizations that you suggest.
- Send recommendations for topics you would like to have addressed at the 2009 and subsequent forums to Iris Hunter at ihunter@diabetes.org.
- Respond to future surveys from ADA/SAH on ways in which you are implementing some of the recommendations from the 2008 forum.

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wish to thank the following sponsors for
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