

# **First Annual ADA Partnership Forum Summary**

## ***“Uniting In the Fight Against Obesity and Diabetes”***

**Friday, August 17, 2007**  
**Summary of Results**

### **I. Forum Overview**

**Purpose of Summary:** *The purpose of this summary is to share updates and highlights of the full day event with the Forum’s partnering organizations and other participants.*

The First Annual Partnership Forum, **“Uniting in the Fight Against Diabetes and Obesity: A Discussion on Race Disparities, Type 2 Diabetes and the Obesity Epidemic”** was developed to facilitate dialogue among leaders from key national organizations regarding the urgency of the type 2 diabetes and obesity epidemics in specific populations in the United States including: Native Americans (N/A), African Americans (A/A), Hispanics/Latinos (H/L) and Asian/Pacific Islanders (AAPI). Funding to hold the Forum was generously provided by Abbott and Con Agra.

The American Diabetes Association (ADA) and Shaping America’s Health (SAH) hosted this important Forum with the goal of clarifying key challenges contributing to disparities in prevention and treatment of obesity and type 2 diabetes. The day’s program and dialogue were intended to give voice to those minority populations most effected by this rapidly growing epidemic. This forum also empowered the groups represented, to identify priority areas of concern and offer viable solutions for these challenges particularly at the community level where life happens! Even local, state and national policy recommendations were grounded in their impact on the community.

The Forum was the first annual convening of key Native American, African American, Latino and Asian/Pacific Islander leadership to address the serious issue of race disparities around this alarming health problem in America. Future Forums will evaluate progress on priorities identified at this first meeting, identify additional key issues that must be addressed plus expand and empower key leadership in each of these high risk groups.

### **II. Opening Plenary Session**

**Plenary Leader: Michael Farley, CFRE, Interim CEO, American Diabetes Association**

Michael Farley welcomed all attendees and began the Forum by providing an overview of the obesity and type 2 diabetes epidemic. He highlighted the profound impact this critical health issue has on America and how it is significantly magnified in the high risk populations.

Michael applauded the strong Forum participation including representatives from 35 organizations and 14 states (see attached list). He commended the corporate sponsors, Abbott and ConAgra Foods, for their leadership in making this important gathering possible. Among the broad group of participating organizations included the National Urban League, National Council of LaRaza, National Indian Health Board and Asian and Pacific Islander Health Forum.

American Diabetes Association and Shaping America Health are well aware of the challenges cultural and economic barriers create for high risk populations disproportionately impacted by obesity and type 2 diabetes. ADA is committed to leading, with other caring organizations attending the Forum and beyond, to eliminate the disparities in prevention and treatment that now exist.

The Forum will help clarify the key challenges we face; identify the knowledge/information we need to meet these challenges; define some solutions and promising practices that exist within the assembled leadership; define the leadership, expertise and financial resources needed beyond the Forum to develop lasting solutions in the community.

**Three keynote speakers amplified the issue and Forum purpose:**

**Ann Albright, Ph.D., R.D.**

Dr. Ann Albright assumed the post of Director, Division of Diabetes Translation (DDT) in January 2007 at CDC. As director, Dr. Albright leads a team of more than 100 who strive to eliminate the preventable burden of diabetes through leadership, research programs and policies that translate into practice.

Dr. Albright received her doctoral degree in Exercise Physiology from Ohio State University. She completed a National Institutes Health postdoctoral fellowship in nutrition at the University of California, Davis and a clinical internship in nutrition at University of California, San Francisco (UCSF).

*Dr. Ann Albright provided insight into CDC's Division of Diabetes Translation. She underscored how serious CDC and her division are taking this formidable health issue. Dr. Albright closed by stating that her division's core objective is to eliminate the burden of diabetes through leadership, research, programs and policies that translate science into practice.*

**Assemblyman Felix Ortiz**

Assemblyman Felix Ortiz currently serves as member of the New York State Assembly for the 51<sup>st</sup> District in Kings County, Brooklyn, New York. Assemblyman Ortiz has supported his constituents tirelessly for the last 13 years and continues to be a strong advocate for them today.

*Assemblyman Ortiz focused on the impact of diabetes in Hispanic/Latino communities. He brought a personal perspective to the Forum sharing his own late mother's plight with diabetes. As an elected state official, he elaborated on the importance of bringing focus to the ravishing impact of the disease, the responsibility of corporations and government, and the importance of educating people to take charge of their food choices and their health.*

**Garth Graham, M.D., MPH**

Dr. Garth N. Graham is the Deputy Assistant Secretary for Minority Health in the Office of Minority Health at the Department of Health and Human Services. The Office of Minority Health develops and coordinates Federal health policy that addresses minority health concerns and ensures that Federal, State and local health programs take into account the needs of disadvantaged, racial and ethnic populations.

*Dr. Garth Graham's charge at the Office of Minority Health is to bring about equity in health education and health care for minority populations. In his address, he shared current findings on the issue of race disparities in overweight/obesity and type 2 diabetes. Dr. Graham emphasized the importance of responsibility at all levels of our society if we are to successfully combat the obesity and diabetes epidemic particularly in the high risk populations. . Government local (state/federal), private sectors, insurers/healthcare providers as well as individuals must take ownership of this issue. Then act in a cooperative and coordinated way in order to affect lasting*

*change. A true debate among all components of our societal system is imperative if we are to truly impact this epidemic, as well as an integration of our efforts.*

### **III. Concurrent Breakout Sessions - Part I (Questions & Challenges)**

**Moderator: Andrea Williams RN, CDE, Volunteer Chair of the ADA Community Initiatives Committee.**

Andrea discussed her role as a volunteer with ADA and her passion to make a difference in the lives of people with diabetes. In the fight against the epidemic of obesity we need to focus on accountability at all levels. Performance measurement tools are critical to the enhancement of community intervention and the assessment of progress on programs. We must act but we must learn as we act by evaluating the real impact of our interventions. We must determine what is really working to reverse the trends in obesity and type 2 diabetes. Community leadership must have accurate science based information and be empowered to attack the issue in a coordinated effort.

Ms. Williams charged Forum participants to be committed and to allow the Forum process to help them move forward more effectively in their community intervention.

#### **Breakout Segment Assignment – Challenges & Questions**

Forum participants were divided into four groups to discuss the challenges they face and the questions they have as they address the overweight/obesity and type 2 diabetes epidemic in their community. Native American, African American, Latino and Asian/Pacific Islander groups were assigned a facilitator and charged with developing a list of key challenges prevalent in their population that limits their ability to access needed obesity and diabetes information and care.

### **IV. Luncheon and Plenary Session**

**Breakout Group Reports presented by group facilitators** (See attachment):

**Moderator: Andrea Williams RN, CDE, Volunteer Chair of the ADA Community Initiatives Committee.**

***Native American Community*** – Gale Marshall, BA is the owner of a national consulting firm that provides qualitative research, meeting facilitation, health communication and media services to a variety of federal organizations, marketing firms, universities and tribal organizations.

***African American Community*** - Lucille Johnson, MA serves as the Director of Health Initiatives at The Center for African-American Health and is responsible for providing overall operational leadership for all health programs and services provided by the Center.

***Hispanic/Latino Community*** – Lorena Drago, MS, RD, CDN, CDE is a registered dietitian, consultant and certified diabetes educator at Lincoln Hospital in the Bronx and the New York Weill Cornell Medical Center.

***Asian/Pacific Islander Community*** – George King, MD, is the Senior Vice President, Director of Research and Head of the Section on Vascular Cell Biology at Joslin Diabetes Center, as well as a Professor of Medicine at Harvard Medical School.

**Luncheon Presentation: *The Science of Obesity and Diabetes*** - presented by Richard Kahn, Ph.D., Chief Scientific & Medical Affairs Officer, ADA. Dr. Kahn discussed five key components that impact drastic racial disparities in health and wellness in the US.

**A. A National Diabetes Epidemic**

The United States has a higher rate of obesity and diabetes than any other country in the world. Studies suggest that if we can halt the obesity epidemic, we will be able to prevent most cases of diabetes and other chronic disease.

**B. The Healthcare System**

Dr. Kahn stated that about 75% of all medical costs are attributed to five chronic diseases - diabetes, congestive heart failure, coronary artery disease, depression and asthma. Diabetes accounts for approximately one third of all Medicare costs. Chronic disease requires self-management, but healthcare workers are not generally trained to take care of chronic disease. Instead healthcare workers are trained to take care of acute diseases.

As a result of the rise in chronic disease, the American healthcare system has experienced a shift in their paradigm of care. Many providers provide inadequate and inconsistent care. While they know what to do and how to provide quality care, they opt not to for a variety of reasons. For example, there are no standard ways to facilitate communication between providers. A patient, who has a chronic illness, sees a specialist, who does not communicate with their primary care physician or other healthcare providers involved in the patient's health. Typically, each clinician acts independently and therefore never fully addresses the patient in a holistic manner.

There is also a lack of a sufficient measurement of healthcare provider performance. There is very little data collection across healthcare providers in order to track performance. In most cases, medical records are charted by hand (80-85%) and are thus never tracked consistently enough to measure performance accurately. It is difficult to know what is successful if we are unable to determine exactly what was done.

In addition, 40 – 55 million Americans do not have access to healthcare insurance. As a result, the United States has an alarming number of citizens, who have no easy access to our healthcare system.

**C. Racial/Cultural Insensitivity**

Dr. Kahn stated that current healthcare system is not culturally sensitive. All people regardless of race or ethnicity must be treated equally. In addition, there are often educational and communication gaps between doctors and many minority patients, making translation on treatment difficult. Also, a disproportionate number of minorities' are poor and because of their socio-economic status many do not tap into the healthcare system. They are focused on the basic elements of survival (food, housing, and clothing).

**D. Belief System**

Religion and belief systems can also impact an individual's ability to seek and receive healthcare. Some people have a deep interest in homeopathic remedies and other spiritual healing remedies. As a result, they self-limit their access and in some cases choose to not utilize the health resources available to them.

### **E. Lifestyle, Consumption and Genetic Pre-disposition**

The surge of obesity in this country started in the early 1980's. Studies show that the rise in average bodyweight can be linked to the consumption of high fructose corn syrup, which became a staple in our diets around that time. Some studies show that high fructose corn syrup changes metabolism in animals, however, it has yet to be confirmed in humans.

Other factors include a variety of technological advances – more automobiles, air conditioners and computers leading to the sedentary lifestyles people have today. Food is cheaper and more abundant. Studies show that the amount of energy expired to obtain a calorie of food has decreased dramatically over the last two decades plus it is proven that the more food placed in flavorings were added to make food more palatable. Processed foods are cheaper on a calorie by calorie basis. As a result we eat more.

Dr. Kahn stated that there is also a strong genetic component to obesity. Studies have documented children born into families, where both parents are obese have eight times the risk of becoming obese. If one parent is obese they have four times the risk and if neither parent is obese there is relatively little risk of obesity.

It is clear that obesity is a complex issue! And even with all the knowledge we have, most of us still struggle with being overweight. However, we cannot afford to stop trying to reverse the trends in obesity because of the significant negative health impacts related to this.

## **V. Concurrent Breakout Sessions - Part II (Solutions & Implementation Needs)**

**Moderator: Moderator: Andrea Williams RN, CDE**

Participants were again divided into their four groups representing each of the Forum's four focus minority populations. Each group was instructed to develop solutions to the challenges identified in previous session and identify what is needed to effectively implement these solutions in the community. (See attachment).

## **VI. Expert Response Panel**

**Moderator: Richard Kahn, PhD**

Each expert panelist introduced themselves and discussed their role as it relates to obesity and diabetes then reacted to the Forum Challenges and Solutions.

### ***B. Waine Kong, JD, Ph.D., CEO, Association of Black Cardiologists, Inc.***

Dr. Kong served on the Board of the Maryland Affiliate of the American Heart Association as well as the Chair of Howard County Chapter. He became the CEO of the Association of Black Cardiologists in 1986. From 1970 to 1977, Dr. Kong was an Assistant Professor of Human Development and Child Psychology at the University of the District of Columbia. In 1977, he was enticed by Dr. Elijah Saunders to Provident Hospital in Baltimore as Director of Research and Grants as well as Executive Director of the Urban Cardiology Research Center.

***Edward Chow, MD, Medical Director, Chinese Community Health Plan***

Dr. Chow has been a practicing internist in San Francisco for thirty-five years. A native San Franciscan, he attended the University of San Francisco, and St. Louis University School of Medicine and completed his post graduate training in internal medicine at the Southern Pacific Memorial Hospital, San Francisco. He is currently Medical Director of the Chinese Community Health Plan, sponsored by the Chinese Hospital Association of San Francisco. The Chinese Community Health Plan was organized to meet the linguistic and cultural needs of the Chinese community in San Francisco and serves as Executive Director of Chinese Community Health Care Association.

***Yanira Cruz, M.P.H., President and CEO, National Hispanic Council on Aging***

Yanira Cruz is president and chief executive officer of the National Hispanic Council on Aging (NHCOA), a national organization dedicated to improving the quality of life for Hispanic elderly and their families and communities through public policy, education and community-based programs. In addition, she is an adjunct professor of public health at George Washington University in Washington. Cruz also serves on the board of directors of the American Diabetes Association and as an adviser to Johnson & Johnson, including its Community Health Care Program.

***Stacey Bohlen, Executive Director, National Indian Health Board***

Ms. Bohlen is the Executive Director of National Indian Health Board and serves the Board as an advisor. A 16-year veteran, policy professional in Washington, DC, she served as the Acting Executive Director for the NIHB since January 2006, a position she achieved after serving as the organization's Deputy Director. Prior to her service to NIHB, Ms. Bohlen was the Director of Federal Relations for the American Indian Higher Education Consortium, Deputy Director of the American Osteopathic Association's Washington, DC Office, and served on the staff of former U.S. Congressman Bob Traxler.

**Questions were fielded from the audience during the panel session.**

**Question:** Is ADA planning to increase research funding to diverse populations?

**Response from Richard:** ADA currently funds a minority fellowship program. We will increase our research funding for grants that might address diverse populations, in some meritorious manner. We are also going to take steps to insure that these research grant requests receive a fair hearing as opposed to having to compete with non-related fields.

**Question:** Will ADA expand its diversity representation in its leadership and the decision making process?

**Response:** ADA is seeking more people to participate in our volunteer leadership structure. There is significant work to do and we need people particularly from the high risk populations willing to roll up their sleeves. We hope this forum will help us reach out more effectively to involve key leadership from all groups that are affected by the obesity and type 2 diabetes epidemic.

**Question:** Why don't all the groups represented here and others in the community work together in our advocacy efforts?

**Response from Dr. Victor Gonzalez:** From a government/advocacy perspective, we have come together to create a document called the Tri-Council Agenda. This has been presented to our Board of Directors. This thirty page document, from a policy level, looks at the commonalities amongst minority populations.

**Second Response from Dr. Kong:** We love to partner. I think the greatest hindrance that keeps us from working together is lack of knowledge of each others efforts.

**Comment from Panelist Stacey Bohlen:** Through SDPI we get 1.14 billion over 10 years for 550 tribes and urban programs. In addition, in 2005 when received a special pot of money geared toward helping to translate the science of DDT into real work settings. We now have 66 programs and 86 tribes that are actually translating the science and the preliminary evidence suggest that we are doing a great job. If we (Native Americans) are the canaries in the coal mine for your community and the general population, and, if in fact we have been the guinea pigs, then what I'm going to suggest and what I'm going to ask is that you help us by advocating for the reauthorization of SDPI funds. Jim Schlicht and Angie Montes are advocating daily. So is this too much to ask of you?

**Comment from Jim Schlicht, Executive VP of Government Affairs & Advocacy:** We have taken a more aggressive approach in some of our advocacy settings. We now talk about diabetes being a deadly epidemic and the fifth leading cause of death by disease. We state that diabetes deaths continue to increase while heart, cancer and HIV/AIDS death rates have decreased since the 1980's. Success in these chronic diseases has been linked to doubling of available funds through NIH.

Diabetes is disproportionately under funded, when you compare the number affected versus the NIH funding. Dr. Ann Albright only receives 61-62 million dollars a year to implement all of their nationwide efforts for diabetes prevention and control. This is a small amount of money when you think about the growth of diabetes at 8% a year. However, NIDDK and DDT's budgets have been frozen for the last three years, while during that time diabetes has grown 25%! The message is clear, all of us in this room must work together to advocate for increased funding. The epidemic will never be reversed at the current funding level.

## VII. Panel Wrap Up

**Moderator: Gary Deverman, CFRE, Executive Vice President & CEO, Shaping America's Health**

"We have all come together because of our commitment and passion to stop the devastating epidemic of obesity and type 2 diabetes. The participation in this Forum demonstrates that the leadership exists to make a lasting impact on this health crisis. Our strength lies in the fact that we are all human beings and each of us have the unique ability and the power to impact the millions of Americans who are affected. This is the beauty of what is happening here today and what will happen tomorrow because we are linked in this fight.

When we talk about basic life, like our children having a shorter lifespan than we will, it becomes crystal clear in our minds. The time to act is now! There is too much at stake for us not to succeed!

## VIII. Closing Remarks and Next Steps

Presenter: Michael Farley, CFRE,

"We've learned a lot today! We have gained a better understanding of the strength in our differences and common ground in our human suffering because of obesity and diabetes."

### **NEXT STEPS:**

A. The steering committee for this Forum will be completing the report on Forum proceedings and results. This First Forum Report "Uniting in the Fight Against Diabetes and Obesity" will be:

1. Presented to the Shaping America's Health Task Force planning the Consensus Conference on "The Impact of Race, Ethnicity, Culture and Poverty on the Prevention and Treatment of Childhood Obesity.
2. Utilized by Dr. Ann Albright of CDC in upcoming CDC meetings on combating obesity and diabetes.
3. Transmitted to Dr. Garth Graham of HHS and other key leaders for use in shaping their efforts on this serious health issue.

B. The Community Initiatives Committee will be meeting September 8, 2007 to plan for a follow up meeting of the Forum groups at the ADA Community Volunteer Leadership Conference November 12 – 18, 2007.

C. The Native American, African American and Latino groups/committees will meet before and during the ADA Community Volunteer Leadership Conference November 12 – 18, 2007 in St Louis, MO. The Asian/Pacific Islander leadership will be consulted on organizing a task Force of committee to address this area.

Meeting purpose: To strategize efforts to address the Challenges and advance the Solutions identified at the First Annual Partnership Forum.

First efforts may include: (1) give voice to high risk populations in communities addressing the overweight/obesity issue, (2) insure representation on community coalitions or leadership groups addressing this issue and (3) develop a coordinated approach to attack the challenges and advance the solutions identified during the Forum.

D. Forum participants who are interested in being involved in the initiative to giving voice to the high risk populations from the community to the national level will be invited to join.

E. A Second Annual Partnership Forum Steering Committee will be formed to begin planning for CY 2008.

As we leave today, we want to build on the energy from this first convening of leadership from those who are impacted most by obesity and diabetes. We must continue the momentum so we can achieve the important task of overcoming barriers that have given diabetes and obesity such a stronghold and taken such a toll of those we love.

We can't achieve this in isolation. This is the beginning of an all out initiative of combining our assets to fight this disease by leveraging community assets and creating a systemic approach built on partnerships at all levels.. This is what today was a springboard for the future.

I thank each of you very much for your participation, energy and insights. Let the work begin!