

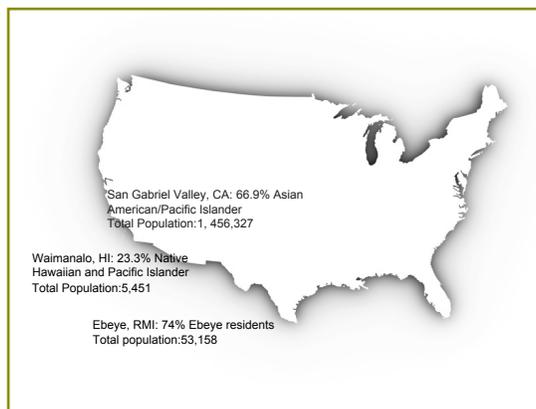
NATIONAL PROGRAM TO ELIMINATE DIABETES-RELATED DISPARITIES IN VULNERABLE POPULATIONS: 2010-2015

COMMUNITIES IN ACTION: Association of Asian Pacific Community Health Organizations



Who is working to reduce diabetes in Asian American, Native Hawaiian, and other Pacific islander (AANHOPi) communities?

For more than 25 years, the Association of Asian Pacific Community Health Organizations (AAPCHO) has offered technical assistance, training, and resources to support the establishment and expansion of services for medically under-served AANHOPi communities. In addition, AAPCHO programs have developed innovative approaches to raise awareness and address health issues that affect AANHOPi communities.



AAPCHO has worked to address the disproportionate burden of diabetes among AANHOPi. For the Centers for Disease Control and Prevention's (CDC) Vulnerable Populations project, AAPCHO collaborated with three AANHOPi community health centers (CHCs)—Asian Pacific Health Care Venture, Waimanalo, and Kwajalein Atoll/ Ebeye—to build new coalitions and strengthen existing ones to mobilize resources and develop infrastructure in their communities to effectively address diabetes-related health disparities.

Why is AAPCHO working to reduce diabetes in AANHOPi communities?

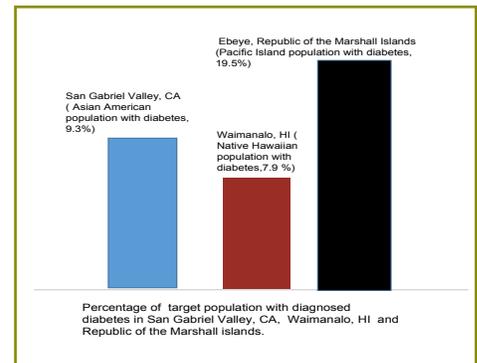
In 2014, CDC reported that, among Asian American adults older than 20 years, the rate of diagnosed diabetes was 4.4% for Chinese, 11.3%, for Filipinos, 13.0% for Asian Indians, and 8.8% for other AANHOPi immigrant populations. The rates of diabetes for Filipinos, Asian Indians, and other AANHOPi immigrant populations far exceed that of their non-Hispanic white counterparts (7.6%). Studies suggest that factors such as lack of culturally-proficient health care, lack of family support, and limited English proficiency prevent AANHOPi people from

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receiving diabetes care and result in poorer outcomes for this population. The communities profiled here represent AANHOPi populations in three different geographic areas: an Asian-American community in San Gabriel Valley, California; a Native Hawaiian community in Waimanalo, Hawaii; and a Pacific Islander community in Ebeye, in the Republic of the Marshall Islands.

- **San Gabriel Valley** lies northeast of Los Angeles (LA) in California. According to the 2010 US Census, in parts of San Gabriel Valley, Asian and Pacific Islanders comprise up to 66.9% of the population. A 2011 LA County Health Survey revealed that 9.3% of Asian and Pacific Islander adults in LA County have diabetes, compared to 8.5 % of whites.
- **Waimanalo** is a small town on the island of O’ahu in Hawaii, with financial resources and economic opportunities well below state averages. The per capita income in Waimanalo is 30% lower than the state average and 54% of students receive free or subsidized lunches. The 2013 BRFSS data states that Native Hawaiians have a higher diabetes prevalence rate (11.1%) than other ethnic groups, (e.g., Japanese [9.0%] and whites [5.1%]).
- **The Republic of the Marshall Islands (RMI)** is a developing country in the Pacific Islands where poverty is high, literacy is relatively low, and employment opportunities are scarce. Diabetes is a serious concern in Ebeye and in RMI as a whole. RMI estimates that 29.5% of adults between 35 and 44 years of age have diabetes, with an overall prevalence rate of 19.5% for the entire population.



How is AAPCHO working to reduce diabetes in AANHOPi communities?

Community Mobilization to Action

AAPCHO identified three CHCs that had a high prevalence of diabetes within their community and provided funding to address diabetes-related disparities in each of their targeted populations. Each CHC identified key local partners and convened a diabetes coalition to help guide and oversee project activities. Working directly with CHCs within its target population community ensures that the program reaches populations most in need—the uninsured, those with limited English proficiency, and the poor. As a result, the health centers’ relationship with the communities they serve is not as outside institutions, but as a trusted part of the community.

Recognizing that many patients with diabetes lack knowledge about diabetes self-management, the Asian Pacific Diabetes Coalition (APDC) convened a group with representatives from the county health department, health care systems, and social service providers to focus efforts on increasing patients’ knowledge and access to proper nutrition and physical activity resources. Led by the Waimanalo CHC, the Waimanalo Diabetes Coalition (WDC) organized representatives from the state health department, health local businesses, and patients to implement a plan to increase the number of Waimanalo residents who report exercising at least five times a week. The Kwajalein Diabetes Coalition (KDC) assembled local business owners, health care providers, and policy makers to improve self-care behaviors among Ebeye residents with diabetes, by promoting a more active and healthier lifestyle.



Sharing Resources and Building Skills to Address Health Challenges

- **AAPCHO** facilitates annual regional coalition meetings to convene all community partners and coalition members to exchange information, build relationships, and discuss issues relevant to diabetes in AANHOPi communities.
- **AAPCHO** provides training on how to get community buy-in, including strategies for developing and maintaining coalition engagement.
- **AAPCHO** provides training and technical assistance for the coalitions including conducting community health assessments, strategic planning, and evaluation.



Community Interventions:

Access to Fruits and Vegetables

- On the island of Ebeye, rocky, sandy soil makes it difficult to grow food and provide healthy eating options, which is believed to contribute to the high rate of diabetes among residents. AAPCHO, KDC, and other stakeholders partnered to train 19 community volunteers to start community gardens at community health centers. The gardening system allows for the growth of produce without in-ground planting. This initiative has increased access to fresh fruits and vegetables for many of the island's 15,000 residents.
- Through WDC an educational garden was installed at the health center. Approximately, 19 volunteers installed an educational garden alongside the health center's training center. Weekly gardening and cooking classes are hosted where participants work in the garden and use what they harvest in cooking demonstrations of healthy meals. A monthly diabetes education session is included.
- The APDC includes representatives from different clinics in the San Gabriel Valley, California, area. Each of the clinics offers community-supported agriculture boxes of fruits and vegetables provided by local farmers twice a month. Participants pay only \$10 per box of produce.

Increased Access to Physical Activity

- KDC has developed and supported policy initiatives to reduce obesity and improve access to physical activity on Ebeye. KDC promoted the adoption of the Pacific Physical Activity Guidelines (PPAG) and Walking Pathway Programs in workplaces, local churches, and non-governmental organizations, and with traditional leaders. To reinforce PPAG, KDC worked along with local policy makers to gather support for a walking path on the island at the end of 2015. Additionally, KDC collaborated with local governments to gain approval to build a fitness center for Ebeye residents. In January 2014, the KDC Fitness Center opened and membership is available at no cost to people with diabetes and one family member. Free health screenings and several fitness and dance classes are offered as a part of the membership.
- WDC's Play for Prevention is an interactive class that incorporates different physical activities such as dancing and Wii bowling so patients can exercise together to help manage their diabetes. Sixty two percent of participants surveyed agreed that Play for Prevention helped them to be more physically active.
- APDC's Walk with the Doc walking group encouraged individuals with diabetes to walk with physician champions to get fit. The group had an average of 8-12 people attending walks about three times a week.

AAPCHO's lessons learned for implementing diabetes programs in AANHOPi communities

- Community norms, beliefs, and priorities vary between each group within the AANHOPi population.
- Identify and work with a liaison that understands the target community. The liaison should use their networks and relationships to help drive the program forward.
- Incorporate cultural beliefs and practices when making recommendations around lifestyle changes. Traditional foods and ways of eating are strongly tied to cultural identities.
- Stigma around diabetes is still a major barrier in AANHOPi communities; however, group activities are well received.
- Any culturally appropriate diabetes self-management approach can benefit from including family. Often, loved ones with diabetes live in households where others may do the grocery shopping and cooking. Getting family involved can increase adherence to healthier eating habits..

TO LEARN MORE ABOUT THE ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS AND THE VULNERABLE POPULATIONS DIABETES PROGRAM, PLEASE CONTACT:

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