



# The National Program to Eliminate Diabetes-Related Disparities in Vulnerable Populations

The Centers for Disease Control and Prevention (CDC) funds the **National Program to Eliminate Diabetes-Related Disparities in Vulnerable Populations**, a five-year cooperative agreement to reduce health disparities associated with type 2 diabetes.

## What Are Diabetes-Related Health Disparities?

Diabetes affects over 29 million people, or 9% of the population, in the United States. It is the seventh leading cause of death in the country and can cause serious health complications, including heart disease, blindness, kidney failure, and lower-extremity amputations. The highest rates of type 2 diabetes and its complications exist across particular groups of the population, such as adults 60 and older, racial and ethnic minority groups (i.e., African Americans, Hispanic/Latino Americans, American Indians, Native Hawaiians and other Pacific Islanders, and some Asian Americans), and people with low socioeconomic status and rural populations.

## How is CDC working to reduce diabetes-related health disparities in communities?

Variations in type 2 diabetes rates often occur across different communities and populations because of complex individual, social, cultural, economic, and environmental factors. To address these factors, CDC funds and supports six national organizations to engage and collaborate with local partners in 18 communities by:

- establishing multisector partnerships and coalitions
- conducting needs assessments and strategic planning
- identifying and implementing culturally relevant, evidence-based interventions
- building community infrastructure and capacity
- evaluating approaches implemented in the communities
- sharing lessons learned and disseminating findings about effective strategies to reduce diabetes-related disparities

## How are the CDC-funded organizations helping to make changes in vulnerable populations?

### Association of American Indian Physicians (AAIP)

AAIP is working to reduce health disparities facing American Indian populations in Louisiana, Michigan, and Kansas by collaborating with nontraditional partners to create culturally appropriate and sustainable diabetes-related interventions to empower communities with limited access to diabetes education and resources. In Kansas, AAIP has collaborated with the Kansas AARP Diversity Council. As a result, the Kickapoo Tribe of Kansas Diabetes Coalition has access to additional, previously unavailable community resources, such as sustainable funding of the Intertribal Solutions: A Recipe for Better Health Cooking Skills class. The class teaches participants how to prepare traditional foods in a healthy manner and plan diabetes-friendly meals. AARP plans to replicate the class in two other tribal communities.

**To learn more about AAIP's efforts, visit**

<http://www.aaip.org/>

### Center for Appalachian Philanthropy (AppaPhil)

AppaPhil is working to mobilize 11 counties across the Appalachian region to increase opportunities for physical activity, diabetes awareness and education, and access to healthy foods. Ten churches serving Appalachian communities in Mississippi, Kentucky, and Ohio are participating in AppaPhil's Faith-based Linkages for Health program. The program works with church leaders to address the wellness needs of congregation members through a health assessment and the establishment of church health teams. Approximately 34 church health teams have been trained to promote and educate members on diabetes self-management, healthy eating, and increased physical activity. The church health teams and diabetes coalition members work with counties to develop walking trails to improve opportunities for physical activity and partner with farmers markets to promote access to local whole foods.

**To learn more about AppaPhil's efforts, visit**

<http://www.diabetesappalachia.net/>



### **National Kidney Foundation of Michigan (NKFM)**

NKFM aims to increase diabetes awareness and reduce factors associated with high rates of diabetes in three predominately African American communities in Michigan: Inkster, Flint, and Detroit. In Inkster, a new walking path, "The Greenway," was completed in October 2013. NKFM, along with the Inkster Partnership for a Healthier Community, is credited with making the City Council and Mayor aware of how this initiative helps reduce the overall effects of chronic conditions, such as diabetes, and supports safe and active living spaces within the community. In Flint, NKFM and members of the Flint Better Health Together coalition are working with the city to adopt a Complete Streets policy. The policy supports street designs that enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and physical abilities.

**To learn more about NKFM's efforts, visit**  
<http://www.nkfm.org/community-coalitions>

### **National Alliance for Hispanic Health (the Alliance)**

Through the Mobilizing Communities to Reduce Diabetes program, the Alliance focuses on raising awareness, increasing diabetes knowledge, and improving access to diabetes self-management education (DSME) among Hispanics in Phoenix, AZ, Rio Ranch, NM, and Watsonville, CA. Since fiscal year 2013, nearly 125 people living with diabetes in Phoenix have participated in the 6-week culturally tailored DSME program, Tomando Control de Su Diabetes. As a result, participants have shown increased confidence and self-advocacy skills to ask questions, navigate health services, and communicate more effectively with their health care providers. In Watsonville, the Alliance is increasing access to DSME programs by working with a community health center offering outreach services to migrant seasonal farmworkers.

**To learn more about the Alliance's efforts, visit**  
<http://www.hispanichealth.org>

### **Association of Asian Pacific Community Health Organizations (AAPCHO)**

AAPCHO is working with community health centers in Waimanalo, HI, Ebeye, Republic of the Marshall Islands, and San Gabriel Valley, CA, to address nutrition, health care management, and physical activity among Asian Americans, Native Hawaiians, and Pacific Islanders. On the island of Ebeye, the rocky sand and

soil make it difficult to grow food and provide healthy eating options. These conditions are believed to contribute to the high rates of diabetes among residents. AAPCHO, the Kwajalein Diabetes Coalition, and Canvasback Missions partnered to train 19 community volunteers to start EarthBox community gardens at community health centers and schools. The EarthBox gardening system allows for the growth of produce without in-ground planting. This initiative has increased access to fresh fruits and vegetables and healthier nutrition choices for the island's 15,000 residents.

**To learn more about AAPCHO's efforts, visit**  
<http://www.aapcho.org>

### **Kentuckiana Regional Planning and Development Agency (KIPDA)**

KIPDA established the KIPDA Rural Diabetes Coalition (KRDC), a tri-county regional group to improve the health of people with type 2 diabetes in Bullitt, Shelby, and Henry counties through increasing diabetes resources, diabetes awareness and access to DSME, and smoking cessation classes. The KRDC, along with the Kentucky Diabetes Network, trained local community advocates to effectively communicate to their policymakers about the importance of diabetes education. This effort led to the designation of \$2.6 million for the delivery and coordination of diabetes education through local and district health departments.

**To learn more about KIPDA's efforts visit**  
<http://krdcoalition.com/>

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