

# National Hispanic/Latino Expert Consultant Group Recommendations



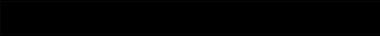
## CDC Response March 1998

# **CDC Response**

## **National Hispanic/Latino Expert Consultant Group Recommendations**

**Prepared by  
Division of Diabetes Translation  
March 1998**

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# 1

## Policy

### Problem/Issue

Absence of policies within the Division of Diabetes Translation (DDT) that effectively address diabetes in Hispanic/Latino populations

### Desired Aim

To give Hispanic/Latino populations equitable attention within the DDT -- staff, resources, and programs -- in order to effectively address the prevention and control of diabetes in this population

### Recommendations

1. In 1997, the DDT should commit resources to plan, implement, and evaluate diabetes prevention and reduction strategies for Hispanic/Latino populations, and to establish a line item in the DDT budget specifically for this purpose by FY 1998.
2. To commit to further include and represent Hispanic/Latinos in DDT at all staffing levels to respond effectively to diabetes among Hispanic/Latino populations
3. To develop and implement policies that ensure Hispanic/Latino communities involvement in identifying appropriate educational strategies.
4. To direct the state diabetes control programs to fund community-based organizations and other nongovernmental entities to support implementation of effective diabetes prevention and control strategies in Hispanic/Latino communities
5. To incorporate the National Hispanic/Latino Expert Consultant Group (NH/LECG) recommendations into policies and fund request-for-proposals or applications beginning in FY 1998

6. To identify existing models that effectively address diabetes in Hispanic/Latino populations
7. To commit to increase staff assigned to Hispanic/Latino projects, by adding at least three or four professional staff by the end of FY 1998
8. To promote efforts to standardize effective diabetes education for Hispanic/Latino clients and their families
9. To send the NH/LECG a yearly report on the status of the recommendations outlined in this report

## **Response to Recommendations**

### ***1. Philosophy***

*The Division of Diabetes Translation shares the desired aim. Its strategy and policy have consciously integrated the appropriate diabetes-related Hispanic/Latino issues and concerns into the overall work of the division. This approach will be effective and efficient.*

### ***2. Branch Involvement***

*Responding to these issues is the responsibility of every part of the division. Both branches in the division continue to have major responsibilities to address the issues outlined in this report. Examples follow.*

#### ***A. Staffing***

*The Program Development and Epidemiology and Statistics Branches have Hispanic/Latino employees who have proven to be a tremendous asset as we continue to develop and implement projects, interventions, and strategies appropriate to these populations. These professionals were not hired to work only on Hispanic/Latino issues; they were hired because they were the most qualified for the positions. The division will pursue staff growth over the next two years.*

#### ***B. Partnerships***

*During the past year, we have sought to increase partnerships by attending and displaying exhibits at conferences of selected Hispanic/Latino national organizations. In FY 1997, DDT staff attended the National Council of La Raza conference in Chicago, and we are scheduled to attend the 1998 national conference in Philadelphia, PA. We plan to attend and exhibit at the COSSHMO national conference in June 1998 in Puerto Rico.*

*During the past two years, the division has proactively sought to have relevant Hispanic/Latino issues highlighted with sessions and presentations at the annual diabetes translation conference.*

*Hispanic/Latino involvement is continuing through the NDEP. The division is committed to help affected communities plan, develop, and implement targeted programs, as evidenced by the Hispanic/Latino workgroup of the NDEP. This workgroup is actively collaborating with the NDEP to develop culturally and linguistically appropriate messages, identify trusted and valued delivery channels, and develop media and community intervention.*

#### **C. Publications**

*Recent publications include*

- ▶ *Building Understanding to Prevent and Control Diabetes Among Hispanics/Latinos: Selected Annotations, published in September 1996*
- ▶ *Controle su diabetes: Una guía para su cuidado, the Spanish version of the diabetes patient guide, published in 1997.*

#### **D. Special Initiatives**

##### **A. Diabetes Focus Group Manual**

*Scheduled to be published by the spring of 1998, this handbook shows how to conduct diabetes-related focus groups.*

- *It helps health professionals carry out valuable research that can lead to a better understanding of communities targeted by diabetes control activities, and ultimately, will lead to better communication.*
- *It addresses focus group research, especially for those with a limited budget and among racial/ethnic groups disproportionately affected by diabetes. Four of the 16 focus groups were Hispanic/Latino.*

##### **B. National Diabetes Education Program**

*DDT funded the National Council of La Raza to conduct town-hall forums to engage Hispanic/Latino communities and populations in developing the National Diabetes Education Program (NDEP).*

##### **C. Evaluation of “Promotores de Salud” Model**

*DDT is collaborating with the Midwest Latino Health Research, Training, and Policy Center of the University of Illinois at Chicago Research Prevention Center to replicate and evaluate the culturally specific diabetes empowerment educational program, **Promotora de Salud (lay health workers)/Paso a Paso.***

##### **D. First National Diabetes Satellite Broadcast**

*During this event, the division incorporated Hispanic/Latino perspectives into the development, planning, and implementation of the satellite broadcast:*

- *National talk show host, Susan Rook, who is Hispanic, hosted the event.*
- *Hispanic/Latinos were significantly represented in the formal program -- Jaime Davidson spoke, a newsmagazine segment on the El Paso Promotora model was aired, and DDT-sponsored Hispanic/Latino audience members attended at the Atlanta site.*

***E. Marketing***

*The division has continued to market the efforts of the National Hispanic/Latino Expert Consultant Group (NHLECG) to the Centers for Disease Control and Prevention director; new Surgeon General; the American Public Health Association; the International Diabetes Federation; and CDC's Diabetes Translation Advisory Committee.*

***F. Resources***

*Increased funding for Hispanic/Latino initiatives in FY 1998 and FY 1999. See funding chapter for more details.*

*Ongoing activities will continue to address relevant issues and are not included in funding figures, so the resources earmarked for Hispanic/Latino initiatives will always be an understatement of actual effort. A Request for Proposal (RFP) will be issued in 1998 to fund national minority organizations (NMOs) to help DDT raise awareness about diabetes, develop community skills in addressing the impact of diabetes in communities of color, and help build the necessary diabetes knowledge and skills that will prevent/postpone the onset of diabetes complications. Raising the community level knowledge and understanding about diabetes will benefit at least one Hispanic/Latino national organizations as approved for funding by an objective review panel.*

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# 2

## Partnership

### Problems/Issues

1. National associations or groups that deal with diabetes lack agendas with Hispanic/Latino focused issues.
2. Impact of diabetes in Hispanics/Latinos is a large, far reaching, and financially exhausting problem because of the high prevalence of the disease.
3. Duplication of programs and services lead to wasted limited financial resources.
4. Limited diabetes strategy programs intended for Hispanic/Latino communities.
5. Lack of universal standards of care on diabetes treatment in Hispanics/Latinos leads to poor quality care and compounds the problem in Hispanic/Latino communities.

### Desired Aims

1. To foster representation of Hispanic/Latino-related issues in national diabetes associations
2. To explore methods that will engage the affected community to assume responsibility for and financial sharing in the problem of diabetes in Hispanic/Latino communities
3. To financially strengthen and support existing programs and services that successfully deal with diabetes in Hispanics/Latinos, while discouraging the duplication of ineffective or unnecessary services
4. To modify behaviors that may lead to diabetes in Hispanic/Latino communities and to promote healthy lifestyle changes
5. To promote quality care of people with diabetes in Hispanic/Latino communities.

## Recommendations

1. To encourage dialogue between the DDT and national associations such as the following: American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), Juvenile Diabetes Foundation, and the American Dietetic Association. This will lead to Hispanic/Latino-focused agendas in national conferences as well as in annual strategic plans
2. To discuss the status of the Diabetes Assistance and Resources (DAR) program with the ADA, because it is ADA's only formal program that deals with Hispanics/Latinos; and have DDT ask ADA for a list of other recognized programs for Hispanics/Latinos
3. For members of AADE to develop a list of certified diabetes educators who are bilingual or who work with Hispanic/Latino populations; this list would be a resource for those trying to reach Hispanic/Latino populations with diabetes
4. To develop collaborative activities between the DDT and other CDC centers, institutes, and offices, and other governmental agencies to address mutual concerns of diabetes; for example, HIV, breast cancer, and immunization
5. To explore partnerships with private sector businesses to increase awareness of the prevalence of diabetes; examples include cosmetic companies or the entertainment industry
6. To consider including members of the private sector in the membership of the NH/LECG
7. To identify existing programs and services that work
8. To implement selected diabetes prevention strategies through community health center partnerships
9. To provide technical assistance to national grassroots organizations and community-based organizations to develop diabetes prevention and control programs
10. To educate health providers on the universal standards of care and issues surrounding the treatment of diabetes in Hispanics/Latinos
11. DDT to develop and support "train-the-trainer" diabetes education programs with Spanish speakers, because communities often rely on lay people to provide diabetes-related information (it is imperative that they spread accurate and uniform information)

## Response to Recommendations

1. *Several national associations are long-standing partners of DDT; their representatives have served on our Translation Advisory Committee and helped plan the National Diabetes Education Program.*

*Many DDT staffers are members of the national associations previously mentioned. We will share the National Hispanic/Latino Expert Consultant Group report with these national associations, and encourage greater attention to the burden of diabetes among Hispanics/Latinos in the United States in national and regional forums.*

2. *Through our ongoing interaction with the American Diabetes Association, we will support the continued development, expansion, and dissemination of the DAR program. We have a copy of the latest information developed under the DAR initiative for Hispanic/Latinos and will send comments to the cochair.*
3. *We will explore the feasibility of listing certified diabetes educators who are bilingual or who work with Hispanic/Latino populations with the AADE. If they can generate and disseminate such a list/database, we will advocate that this be a priority activity for AADE.*
4. *We are collaborating with other CDC centers through our involvement in employee organizations such as the Association of Latino Employees of CDC/ATSD (ALECA), workgroups, and committees such as the Healthy People 2010 workgroup, and objective review panels that are integral to the funding process of CDC.*

*Our participation maintains a visibility for diabetes issues and populations disproportionately affected. We influence program strategies and policies via these collaborations.*

*For example, we have worked closely with the National Immunization Program to develop and implement a media campaign in both English and Spanish. It was piloted in four states, three of which have large Hispanic/Latino populations (Florida, Texas, and California). Preliminary evaluation results of the campaign are promising. We will continue to seek out similar collaborations.*

5. *Through the planning activities of the NDEP, we have had some discussions with the private sector that included Hispanic/Latino representatives from managed care.*

*A **Business Responds to Diabetes** partnership has been suggested and is being explored. At this time, we have no definitive partnership with the private sector. This does not preclude our partners in state and local health agencies from building collaborations with private sector organizations in their communities.*

6. *The purpose and work of the NH/LECG have been fulfilled. As DDT requires specific input from Hispanic/Latino representatives in the future, we will consider members of the private sector for consultations.*
7. *The process of identifying existing models of programs and services that work is ongoing. For example, we are currently supporting an evaluation of the lay health advisor model/promotora through the University of Illinois at Chicago Prevention Research Center.*

*We will continue to provide consultations and technical assistance to the state-based diabetes control programs that will enhance intervention design and evaluation. With additional rigor, we can promote the replication of selected models with greater confidence.*

8. *DDT is piloting a systems change model to improve the diabetes prevention and control services provided to those living with diabetes who use community health centers. Upon completion, this pilot study is expected to be replicated in other community health centers throughout the nation.*
9. *No existing policies preclude DDT from providing technical assistance (TA) to national grassroots organizations and community-based organizations (CBOs).*

*We will continue to explore other mechanisms that would make such technical assistance available, such as funding NMOs to provide the technical assistance or funding CBOs TA programs through the state DCPs.*

10. *DDT does not promote a specific set of standards of care for any population group, although the DDT was instrumental in reviewing the ADA Diabetes Standards of Care published in June 1997.*

*Using the ADA Diabetes Standards of Care as a guide, many of the DCPs have drafted standards of care via their diabetes advisory councils. We recommend that people interested in influencing the implementation of the standards of care be culturally and linguistically appropriate when treating Hispanics/Latinos by contacting the appropriate state representatives. A complete listing of the DCP coordinators in each state is available through the DDT Internet pages.*

11. *DDT will pursue the development of a Spanish version of **Diabetes Today**, our train-the-trainer course that builds local-level capacity to assess and respond to the burden of diabetes in the community. We anticipate that the curriculum will be conceptualized in a Spanish framework, and written in both English and Spanish.*

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# 3

## Education

### Problems/Issues

1. Lack of clearinghouse information related to diabetes among Hispanics/Latinos
2. Existing diabetes prevention and control programs have not been evaluated
3. Lack of school-based diabetes education and prevention programs
4. Insufficient number of bilingual, bicultural health personnel, other than physicians, to address the burden of diabetes in the Hispanic/Latino populations
5. Health professionals, in general, lack proficient skills in diabetes mellitus (DM) management
6. High prevalence of sedentary lifestyle among Hispanics/Latinos
7. DDT's *Diabetes Today Program* has not been implemented in Hispanic/Latino communities
8. Lack of knowledge about proper healthy nutrition for Hispanics/Latinos
9. Health care providers are not aware of using nonconventional medicine for diabetes management by Hispanic/Latino people living with, or affected by, diabetes.

### Desired Aim

1. To establish a clearinghouse for sharing diabetes interventions and educational material for Hispanics/Latinos and professionals working with diabetes
2. To establish effective, culturally relevant prevention and education services

3. To work through all school systems to implement diabetes education and prevention programs
4. To promote greater involvement of health personnel, other than physicians, in diabetes education of Hispanics/Latinos at both the professional and community levels
5. To increase the knowledge base of health service providers in diabetes management
6. To promote regular physical activity among Hispanics/Latinos
7. To expand the DDT's *Diabetes Today Program* to reach the Hispanic/Latino population
8. To promote and improve nutritional habits conducive to diabetes self-management and control for Hispanics/Latinos
9. To ensure that nonconventional medicine is addressed by the health care provider in diabetes education with Hispanics/Latinos

## Recommendations

1. To identify models of diabetes education and prevention materials and services that are proven effective; including a list of bilingual programs and educational materials from the ADA, AADE, and other diabetes-related health organizations
2. DDT to help develop or incorporate more culturally appropriate diabetes prevention and educational models
3. To implement the Division of Adolescent and School Health Comprehensive School Health Program Curriculum nationwide (States and territories with large Hispanic/Latino populations should adapt this program to fit the Hispanic/Latino culture; these include Arizona, California, Colorado, Florida, Illinois, New Mexico, New York, Puerto Rico, and Texas)
4. To identify and evaluate models that train community health workers and collaborate to make these models available to community-based organizations interested in implementing the programs

To establish diabetes education certification to professionals holding degrees that are not in the field of health

To encourage the establishment of a **Hispanic/Latino lay diabetes educator** (promotores de salud) program with minimum training and certification standards

5. To establish a training program about diabetes targeted to health care providers (NH/LECG members recommend that CDC's DDT support national diabetes training programs for

bilingual and bicultural health professionals to become diabetes educators)

6. To create an awareness campaign that promotes regular physical activity among Hispanics/Latinos; this may include the promotion of culturally appropriate and realistic physical activity such as dancing
7. To modify the DDT's *Diabetes Today Program* model to be more culturally and linguistically appropriate to the Hispanic/Latino community; and implement it throughout the state DCPs, and national, regional, and local community-based organizations
8. To inventory or develop healthy nutritional and educational cooking materials for Hispanics/Latinos
9. To educate health professionals about the role nonconventional medicine plays in diabetes management for Hispanics/Latinos; the use of herbs in treatment and the role of faith healing should be addressed
10. To conduct a needs assessment to find out specific beliefs and cultural folk practices that each Hispanic/Latino subgroup has about diabetes care and control
11. To incorporate these findings into educational programs.

## **Responses to Recommendations**

1. *On DDT's agenda is to research the literature and conduct behavioral research to identify models of diabetes education and prevention materials and services that are proven effective. Any comprehensive research design includes the literature search and review of existing bilingual programs and educational materials currently in existence from all sources, including from the ADA, AADE, and other diabetes-related health organizations*
2. *DDT will help develop or incorporate more culturally appropriate diabetes prevention and educational models into community practice.*
3. *The implementation of the Division of Adolescent and School Health (DASH) Comprehensive School Health Program Curriculum nationwide depends on the funding and success of applicants from the state's departments of education. We will work with DASH to assess which of the States and territories with large Hispanic/Latino populations are funded to find out how they are implementing the program to fit the Hispanic/Latino culture. Priorities will be given to the states of Arizona, California, Colorado, Florida, Illinois, New Mexico, New York, Puerto Rico, and Texas.*

4. *The DDT is identifying and evaluating models that train community health workers through the funding of the Midwest Latino Health Research, Training, and Policy Center, University of Illinois at Chicago Research Prevention Center. The Center will replicate and evaluate the culturally specific diabetes empowerment educational program, **Promotores de Salud (lay health workers/Paso a Paso)** and collaborate to make these models available to community-based organizations interested in implementing the programs*

*During the upcoming DDT conference, the division plans a forum to start discussing the viability of establishing a diabetes education certification for professionals holding degrees that are not in the field of health. It will include the feasibility of establishing a **Hispanic/Latino lay diabetes educator (promotores de salud)** program with minimum training and certification standards.*

5. *The DDT will establish a National Diabetes Training Center using the Diabetes Today model that will target health care providers and community leaders. The successful contractor must conceptualize a similar training program for bilingual and bicultural health professionals and community leaders. This model should mobilize the community to address diabetes at the provider, community, and individual level.*
6. *At this time, DDT does not have plans to create an awareness campaign that promotes regular physical activity among Hispanics/Latinos. We do plan to launch a national diabetes awareness campaign through the NDEP, and the successful flu campaign that is currently being piloted in four states.*
7. *The recommendation to modify the DDT's **Diabetes Today Program** model to be more culturally and linguistically appropriate to the Hispanic/Latino community is being implemented. We are writing the request for contract to establish a National Diabetes Training Center. The training will be available to the staff from the state DCPs, and national, regional, and local community-based organizations .*
8. *We do not have the human resources at this time to inventory or develop healthy nutritional and educational cooking materials for Hispanics/Latinos. We depend on the National Diabetes Information Clearinghouse (NDIC) to inventory and maintain educational materials.*

*After extensive focus testing, we have completed updating, the “Controle su Diabetes - Guía Para el Cuidado de su Salud.” This 118-page patient guide book is being widely distributed through the NDIC and CDC.*

9. *The recommendation to educate health professionals about the role that nonconventional medicine plays in diabetes management for Hispanics/Latinos, such as the use of herbs in treatment and the role of faith healing, will be addressed in the contract for the National Diabetes Training Center. The contractor will need to address this issue when developing*

*the curriculum to reach health care providers that serve Hispanic-Latino Americans at the local level.*

- 10.** *Through the NDEP, we funded a major national Hispanic organization, who conducted townhall meetings in areas where Hispanic/Latino Americans reside. During these meetings, community members were asked about their needs, barriers, and recommendations for diabetes care and control, in order to help CDC and National Institute of Diabetes and Digestive and Kidney Diseases implement the National Diabetes Education Program in a culturally and linguistically sensitive way.*
- 11.** *As stated, these findings will be incorporated in the NDEP initiative. An ad-hoc Hispanic/Latino workgroup has been formed to ensure that these recommendations are incorporated into the NDEP strategies.*

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# 4

## Funding

### Problem/Issue

Insufficient funding to address the national prevention, education, and control for Hispanics/Latinos living with or affected by diabetes.

### Desired Aim

To increase funding levels for diabetes prevention, education, and control programs targeting the Hispanic/Latino population.

### Recommendations

1. To directly fund community-based organizations, nonprofit 501(c)3 organizations and other service providers who provide diabetes prevention and education services to Hispanics/Latinos
2. To fund grant-writing training for Hispanic/Latino-focused nongovernmental organizations
3. To establish a funding stream with community and migrant health centers to provide alternative diabetes programs
4. To fund field/focus group testing of all materials and programs supported with federal funds that target Hispanic/Latino communities
5. To make sure that requests for assistance or requests for proposals (RFPs) developed by the DDT and the DCPs require a multidisciplinary and comprehensive approach to diabetes prevention
6. To fund Hispanic/Latino train-the-trainer diabetes programs for Spanish-speaking health care

providers

7. Through the RFP process, the DDT and the diabetes prevention centers will require universities funded for diabetes-related projects build ties with Hispanic/Latino community-based organizations
8. To fund projects to establish partnerships between certified diabetes educators and rural providers
9. To provide funding to establish links with the Mexican Diabetes Association

## Response to Recommendations

*During the past two years, the division has consistently increased “exclusive” funding for Hispanic/Latino population-focused projects. “Exclusive” is funding for activities that address Hispanic/Latino populations only and does not include activities where they were part of a larger effort that addresses other subpopulations.*

*In FY 1996, DDT funded convening the NH/LECG and publication of **Building Understanding to Prevent and Control Diabetes Among Hispanics/Latinos: Selected Annotations**, which cost approximately \$75,000.*

*In FY 1997, DDT funded convening the NH/LECG, a cooperative agreement with National Council of LaRaza for an NDEP project, published the Spanish version of the patient guide entitled **Control su Diabetes**, and funded cooperative agreement with the University of Chicago to evaluate the promotora model. Fiscal year 1997 exclusive funding for Hispanic/Latino initiatives totaled \$430,000.*

*Current plans include increasing funding for Hispanic/Latino initiatives in FY 1998 and FY 1999. Initially, efforts will focus on funding at least one national Hispanic/Latino organization that involves the broader community in diabetes prevention and control activities. National organizations or affiliates throughout the country would be target grantees. Typically, the affiliates of selected national organizations would be community-based organizations.*

*Establish a **regional Diabetes Today Training Center**, which will focus on all populations, but significant money and effort will be directed to adapting **Diabetes Today** conceptually and culturally for Hispanic/Latino populations. The train-the-trainer part of this training model will target Spanish-speaking health care providers. These projects will total approximately \$500,000 in FY 1998 and \$750,000 in FY 1999.*

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# 5

## Research and Data

### Introduction

Diabetes is a serious public health problem that affects minority populations disproportionately, including Hispanics/Latinos.

Even though the Hispanic population comprises many groups that are ethnically different, most of the diabetes studies have been done in Mexican Americans. Fewer studies have been done in Puerto Ricans and Cubans, and the data are now outdated. These studies have been published in peer-reviewed journals, but there has not been a concerted effort to transfer the data to the Hispanic/Latino communities in the United States.

### Problems/Issues

1. Poor dissemination of existing information concerning the impact of diabetes in Hispanic/Latino communities.
2. Limited data describing the impact of diabetes in Hispanic/Latino populations.

### Desired Aims

1. Improve the dissemination of existing data concerning diabetes in Hispanic/Latino communities.
2. Increase and improve Hispanic/Latino representation in data collection, surveillance, and program evaluation.

## Recommendations

1. Develop various *Morbidity & Mortality Weekly Report* (MMWR) articles that explore the issues of diabetes in Hispanic/Latino populations.
2. Encourage oversampling of Hispanic/Latino subjects in research conducted in states that have large Hispanic/Latino populations.
3. Develop a Behavioral Risk Factor Surveillance Survey (BRFSS) that deals specifically with diabetes and Hispanic/Latino populations; develop the questionnaire in Spanish.

## Response to Recommendations

1. *The Epidemiology and Statistics Branch, DDT, is currently working on an article for publication in the MMWR. It will focus on descriptive epidemiology of diabetes in the Hispanic/Latino population using data from the 1995 BRFSS. The article will also cover access to care. This will begin a series of articles in the MMWR that will (1) update the data on diabetes in the Hispanic/Latino population, and (2) compare the data available from various surveys such as the BRFSS and the NHANES.*

*Include the Spanish publications on diabetes on the DDT's Internet page. Translate other publications into Spanish, such as the National Diabetes Fact Sheet, and include them on the Internet page.*

*Encourage DCPs to disseminate data on diabetes control and prevention in the Hispanic/Latino populations.*

2. *Hispanics/Latinos are included in all national surveys sponsored by the CDC; however, some surveys are limited by small sample sizes. CDC is currently exploring strategies to address this problem.*

*Other activities include analyzing the results of the latest National Health and Nutrition Examination Survey (NHANES III) that includes data on Hispanics/Latinos with diabetes; this include oversampling of Mexican Americans. The NHANES IV will also oversample Mexican-Americans.*

*The DDT will encourage state DCPs that serve large Hispanic/Latino population to conduct surveillance of diabetes, to identify critical areas where surveillance and epidemiologic studies are needed in the Hispanic/Latino population; and to explore the feasibility of implementing these studies.*

3. *A Spanish version of the BRFSS already exists. State staffers administer this version of the*

*BRFSS, which includes the diabetes module, in states that have many Hispanics/Latinos in the population.*

*By 1999, DDT will identify critical areas where surveillance and epidemiologic studies are needed in the Hispanic/Latino population, and explore the feasibility of implementing these studies. DDT will explore the feasibility of implementing diabetes surveillance surveys of sentinels in states that have a high Hispanic/Latino population.*

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# 6

## Health Systems

### Problem/Issues

As currently structured, health systems do not adequately address the prevention and control of diabetes in Hispanic/Latino populations

### Desired Aim

To assure that health systems address diabetes in Hispanic/Latino populations in a comprehensive and effective manner with an emphasis on prevention.

### Recommendations

1. To incorporate nationally recognized diabetes mellitus standards of care into health care financing initiatives such as managed care, Medicaid, and Medicare
2. To establish an ongoing dialogue with health care systems that use health quality management protocols and share the NH/LECG recommendations
3. To inventory and evaluate effective existing health service approaches that provide diabetes care to Hispanics/Latinos
4. To establish contact with state regulating agencies that implement health care financing initiatives to monitor the inclusion of DM standards of care
5. To work through the state DCPs to influence the simplification of procedures and forms that providers require to receive diabetes care

## Response to Recommendations

1. *During FY 1997, a cooperative agreement was established with George Washington University (GWU), Center For Health Policy, to develop model diabetes managed care contract language for future Medicaid managed care contracts. If implemented at the state level, this contract language will hold managed care organizations legally responsible to provide the following specific services; and (1) identify and describe the diabetes-specific benefits that are to be covered, and how that coverage will be determined and documented (2) describe how diabetes services will be furnished to plan members, by whom, and under what circumstances.*
2. *The DDT will continue to explore appropriate entities to share NH/LECG recommendations including health care systems*
3. **Region V Clinical Network**  
*During FY 1997, DDT provided funds to the Region V Clinical Network (RVCN) to support a collaborative project with the Ohio DCP to develop a Modified Recognition Program for Model Diabetes Care in three federally qualified community and migrant health centers in Ohio. The project is an important piece of examining effective existing health care approaches and help identify strategies for improvements.*
4. *The other recommendations in this chapter will be carefully considered in future program planning and activities.*

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# 7

## Public Awareness

### Problems/Issues

1. Lack of awareness and understanding the seriousness of diabetes among Hispanic/Latino populations
2. Because diabetes is a silent and misunderstood disease, it is crucial to develop prevention strategies that affect the core of Hispanic/Latino family values
3. Media messages need to be tailored to meet the needs of the Hispanic/Latino community

### Desired Aim

To increase awareness and understanding about diabetes and how to prevent and control it

### Recommendations

1. To develop a print and electronic media campaign directed at Hispanic/Latino communities
2. To identify existing successful social marketing and public awareness campaign models targeting Hispanic/Latino communities
3. To develop a print and electronic media campaign directed at health professionals that work with diabetes
4. To adapt the prevention marketing initiative (PMI) developed by the HIV/AIDS Prevention Division to the diabetes program

5. To design a comprehensive diabetes PMI and prevention campaign that will target the Hispanic/Latino community beginning with children in schools from kindergarten through 12th grade
6. To collaborate in developing a basic Hispanic/Latino "how-to" package for local media advocacy
7. To preview and evaluate existing U.S. Department of Health and Human Services (DHHS) PSAs directed at diabetes health care professionals and the Hispanic/Latino community
8. To promote the importance of exercise among Hispanic/ Latinos
9. To establish a way to disseminate information about research findings to Hispanic/Latino communities in an understandable form that Hispanic/Latino media can use
10. To create a diabetes patient passport, specifically for Hispanics/Latinos, that is user friendly and follows accepted standards of care.

## **Response to Recommendations**

1. *"Diabetes. One Disease. Many Risks" is the name of a campaign from CDC to reduce the human comorbidity risks faced by people with diabetes; the first PSA focuses on the increased risk of death from influenza and pneumonia. The CDC's DDT and the NIP are collaborating on intervention strategies for this four-state pilot initiative designed to increase the number of flu shots received by people with diabetes during the current flu season.*

*DDT/NIP gave grants to health departments to support program activities to increase flu vaccination levels in California, Florida, Montana, and Texas. Three of these states have a large Hispanic/Latino population base. Media campaign elements in English and Spanish include one television PSA, one radio PSA, one print PSA, an educational consumer brochure, one poster, and postcards for health care professionals and consumers. Other materials are one preprinted article, and media and state kits.*

*The media campaign was released in the four states on October 1, 1997, in time for prevention efforts for the flu season.*

2. *We agree that we should identify existing successful social marketing and public awareness campaign models targeting Hispanic/Latino communities. DDT can undertake this before the release of any future media campaigns.*
3. *As a part of the media campaign that was initiated in the four states, we included the following in English and Spanish: a television PSA, a radio PSA, a print PSA, an educational consumer brochure, a poster, and postcards for health care professionals and consumers. Other materials are one preprinted article, and media and state kits.*

*We plan to incorporate more information in Spanish on the DDT Internet pages (such as the patient guide **Controle su Diabetes, Guía para el cuidado de su salud.***

4. *We have contacted the HIV/AIDS Prevention Division and we plan to evaluate the adaptability of their PMI to the diabetes program.*
5. *CDC's diabetes program primarily targets adults who are at risk for type 2 diabetes. To target the Hispanic/Latino community beginning with children in schools from kindergarten through 12th grade will require an assessment and evaluation of this recommendation.*
6. *We have existing U.S. DHHS PSAs directed at diabetes health care professionals and the Hispanic/Latino community; DDT is previewing and evaluating these for adaptability.*
7. *Based on the design of the campaign, future PSAs from the CDC designed to reduce the human comorbidity risks faced by people with diabetes may contain messages that promote the importance of exercise among Hispanic/Latinos.*
8. *Diabetes research findings and other public information for Hispanic/Latino communities are released through various Hispanic/Latino media channels and networks, such as Telemundo and Univision.*
9. *DDT has developed a diabetes patient care handbook in Spanish entitled **Controle su Diabetes, Guía para el cuidado de su salud**; it is designed for various Hispanics/Latinos. Appropriate focus groups were used to assure cultural acceptability. The booklet is user friendly and follows accepted standards of care.*