



EAT, PLAY, LIVE: REFUGEE/IMMIGRANT TYPE II DIABETES

*A Community Health Endowment Funded Project to Support Healthy
Living in Members of Lincoln's Diverse Cultural Groups*

Asian Community and Cultural Center Minority Health Conference

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Center)



Asian Community
and Cultural Center

Presentation Overview

- **I. Background: Describe ACCC and connections to diabetes**
- **II. Research: Present findings from Community Health Endowment supported 2016 focus group study conducted by NWU researchers**
- **III. Practices: Discuss ACCC community outreach strategies**



I. Background: ACCC

Mission and Community Health Workers



Mission Statement

- **ACCC supports and empowers all refugees and other immigrants through our programs and services, and advances the sharing of Asian culture and celebration of our multi-cultural heritage with the community at large.**

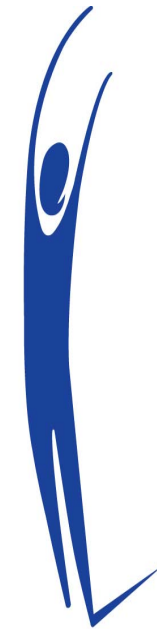


Who We Serve

- **ACCC primarily serves the following populations in Lincoln and surrounding areas: Vietnamese, Karen, Sudanese, Chinese, and Yezidi.**
 - **Family/Community Assistance**
 - **Domestic Violence Advocacy**
 - **Health and Disease Awareness & Advocacy**
 - **Education: Language, Citizenship**

COMMUNITY HEALTH ENDOWMENT GRANT

- In 2015, ACCC received a grant from ***Community Health Endowment*** for diabetes
- At that time we were doing no screenings for diabetes, no CHW's, no diabetes education, no tracking of clients with diabetes



Community Health
Endowment of Lincoln



ACCC CLIENTS WITH --- DIABETES AND THEIR RISK FACTORS

ACCC Client Characteristics That Increase Diabetes Risk

| Ethnicity | Non-Native English Language Speaker | Low-Income | Spent Time in Refugee Camp or History of Significant Food Deprivation |
|---------------|-------------------------------------|------------|---|
| Vietnamese | X | X | |
| Sudanese | X | X | X |
| Karen/Karenni | X | X | X |
| Chinese | X | | |

Total ACCC Clients With Diabetes and Total in Active Case Management Dec. 2016

| Community | Total Clients with Diabetes Seen From Start of Grant through December 2016 | Total Clients in *Active Case Management with Diabetes December 2016 |
|------------|--|--|
| Chinese | 4 | 3 |
| Karen | 11 | 9 |
| Sudanese | 18 | 12 |
| Vietnamese | 81 | 64 |
| Total | 114 | 88 |



FOCUS GROUPS

NWU IRB PROTOCOL # NWU JG-SW 01 0216 A

Data Gathered From:



- Community Health Workers
 - 3 Groups
 - 6 Participants

- Medical and Community Providers
 - 1 group
 - 5 participants

- Clients
 - 4 cultural groups
 - 9 participants

FOCUS GROUPS IDENTIFIED THESE CHALLENGES AND BARRIERS

- LANGUAGE BARRIERS AND INTERPRETATION CHALLENGES
- MEDICAL CARE ACCESS
- WORK AND TRANSPORTATION
- CLIENT MYTHS AND PRACTICES

Community
Health Workers



- LANGUAGE BARRIERS AND INTERPRETATION CHALLENGES
- MEDICAL CARE ACCESS
- CLIENT MEDICAL COMPLIANCE
- PROVIDER CULTURAL COMPETENCY

Community
Health
Providers



- LANGUAGE BARRIERS
- MEDICAL CARE ACCESS
- DIABETES MANAGEMENT (NUTRITION, KNOWLEDGE, COMPLIANCE)

Clients





KEY CHALLENGES

- 1. LANGUAGE BARRIERS AND INTERPRETATION CHALLENGES
- 2. MEDICAL ACCESS
- 3. EDUCATION ABOUT DIABETES

1. LANGUAGE AND INTERPRETATION BARRIERS

| Ethnicity | Experience Language Barriers to Diabetes Care |
|-------------------|---|
| Vietnamese | X |
| Sudanese | X |
| Karen/ Karenni | X |
| Chinese | X |

- Diabetes information must often be translated and interpreted
- Barriers include:
 - Availability of interpreter
 - Quality of medical interpretation
 - Capability and intent
 - Trust/comfort with interpreter
 - Increased time to interpret

2. MEDICAL COVERAGE BARRIERS

- *Some clients unable to pay for care even with insurance*
- *Some clients unable to access free clinics due to work, transportation barriers, and/or available open-hours*
- *Diabetes education not available to all clients diagnosed with diabetes*

3. NEED FOR MORE EDUCATION

CLIENT MYTHS ABOUT DIABETES AS RELAYED BY COMMUNITY HEALTH WORKERS

- *I don't have diabetes*
- *Diabetes medication should be supplemented with medicine from home country*
- *Diabetes medication should be stopped if getting better*
- *Medication can make you sick or weaken you*
- *People should wait until they have symptoms, or until going to hospital to take medication*
- *Diabetes is a rich person's disease*
- *Food won't give you disease*



III. Practices and Activities

Community Outreach Strategies



ACCC Community Health Workers

Pictured left to right: Ha Nhieu, Duy Linh Bui, Htoo Wah, Sheila Dorsey Vinton, JuYetzi Reinhart, Saaehmoo Marvel, Yom Kok

PRACTICES AND ACTIVITIES

ACTIVITIES

- ❑ DATABASE CREATION
- ❑ COMMUNITY HEALTH
- ❑ SCREENINGS WITH PARTNERS FROM UNMC AND NWU
- ❑ ACTION NOW PARTNERSHIP

PRACTICES

- ❑ CASE MANAGEMENT
- ❑ HEALTH EDUCATION CLASSES
 - EXERCISE CLASSES
 - NUTRITION CLASSES
- ❑ BROCHURES
- ❑ NEWS LETTER

Questions? Discussion.....

