

Issue Area (4):

Reduce the disproportionate impact of diabetes on racial and ethnic communities.

- I. **Goal Statement:** Initiate and support targeted health awareness and prevention campaigns and increase screening to identify undiagnosed cases of diabetes with the support and involvement of impacted communities.

Action Items:

- A. Utilize national and local education efforts targeted at every age group and designed to teach the community about the warning signs. Educate communities about diabetes risk factors, symptoms, positive and negative outcomes and encourage early screening and treatment.
- B. Research and implement national and local programs / initiatives that mobilize individual and community support for lifestyle changes that can delay or prevent the onset of diabetes. Focus efforts on diet, exercise and elimination of smoking at a community level. Identify best practices, and involve and support racial and ethnic communities in creating programs to meet their needs in a culturally relevant manner.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		OHD-Diabetes Program (lead division), Dept of Education, Oregon Youth Authority, Dept of Corrections, Senior & Disabled Services Division, Oregon Medical Assistance Program
X			OHD-Diabetes Program (lead division),

II. Goal Statement: Coordinate health care providers and organizations to deliver effective, holistic and culturally relevant treatment to diabetes patients and their families/support network.

Action Items:

- A.** Require that the health care system make timely and appropriate referrals to specialists for diabetes management especially in the early stages of the disease. Provide information to communities on treatment options and how to access the best care available.
- B.** Increase the number of diabetes educators of color and bilingual educators available to serve communities by providing educational grants, scholarships, and low interest loans. Recruit Certified Diabetes Educators (CDE’s) from other states and provide incentives to relocate.
- C.** Fund new and existing programs to teach culturally relevant self-management skills to people with diabetes.
- D.** Provide psychological and psychiatric support for individuals diagnosed with diabetes. Educate medical providers to listen to diabetes patients’ questions and needs, make referrals to service providers and teach patients to articulate their needs to providers.
- E.** Develop strong and effective community partnerships among divisions, organizations, people living with diabetes, service organizations, community media, public departments and schools, grassroots organizations, insurers, pharmaceutical companies, faith organizations, business community and funding organizations to support diabetes education and outreach efforts.
- F.** Utilize physicians and insurers to provide information to patients about accessing resources available in the community.
- G.** Track diagnosed patients and provide continuing care by providing information and access. Inform them of “best practices”, education and tools in the community.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X	X	Oregon Health Plan Policy & Research (lead agency), Oregon Medical Assistance Program
X	X	X	Oregon Health Division (lead division), Oregon Medical Assistance Program, Oregon University System, Dept of Community Colleges & Workforce Development
X	X		OHD-Diabetes Program (lead division)
X	X		Mental Health & Developmental Disability Services Division (lead division)
X	X		OHD-Diabetes Program (lead division), Senior and Disabled Services Division, Dept of Corrections, OR Youth Authority, Oregon Medical Assistance Program, Insurance Pool Governing Board
X			Oregon Medical Assistance Program (lead division), Insurance Pool Governing Board, <i>Oregon Medical Association</i> ¹
X	X	X	Oregon Medical Assistance Program (lead division), Insurance Pool Governing Board

¹ Non-State Partner

III. Goal Statement: Improve data collection measures on racial and ethnic communities on the prevalence of diagnosed and undiagnosed people with diabetes as well as barriers to screening and care.

Action Items:

- A.** Collect improved data on all ethnic/racial populations using model methods for data collection. Current data is especially lacking in Asian/Pacific Islander and Russian populations. Refer to page 7, item I.A.)

- B.** Identify and reduce barriers to self-management and treatment faced by racial and ethnic populations living with diabetes including the problems caused by the increased financial burdens of people living with diabetes. Quantify results of improved self-management and better access to care.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		OHD-Diabetes Program (lead division), OHD-Vital Statistics, Oregon Progress Board
X	X		OHD-Diabetes Program (lead division), Oregon Medical Assistance Program, Senior & Disabled Services Division, Oregon Progress Board

IV. Goal Statement: Introduce, improve and or strengthen existing legislation and budgets that will improve diabetes prevention and treatment for racial and ethnic communities.

Action Items:

- A.** Research and adopt "best practices" developed nationwide to use in developing new programs, legislation, and budgets for communities of color. Conduct reviews, and share information with community based programs on "state of the art" programs that have been successful in other parts of the country.
- B.** Introduce and/or support legislation to provide funding and insurance reimbursement for diabetes education taught by certified diabetes educators or qualified health professionals with training on diabetes education. Increase the use of lay health educators to provide services. Negotiate the addition of an associate-level CDE lay-educator class.
- C.** Generate state and local government funding to match federal funds for addressing diabetes and related complications. Seek potential funding, in-kind support, marketing resources and partnership opportunities with foundations and other public and private sector organizations.
- D.** Work directly with Tribes and urban Indian programs to develop culturally appropriate models for prevention and treatment.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X	X	OHD-Office of Multicultural Health (lead division), OHD-Diabetes Program
	X	X	Dept of Human Services (lead department), Dept of Consumer & Business Services, Dept of Community Colleges & Workforce Development
	X		OHD-Office of Multicultural Health (lead division), OHD-Diabetes Program
X			Dept of Human Services (lead department), Oregon Health Division