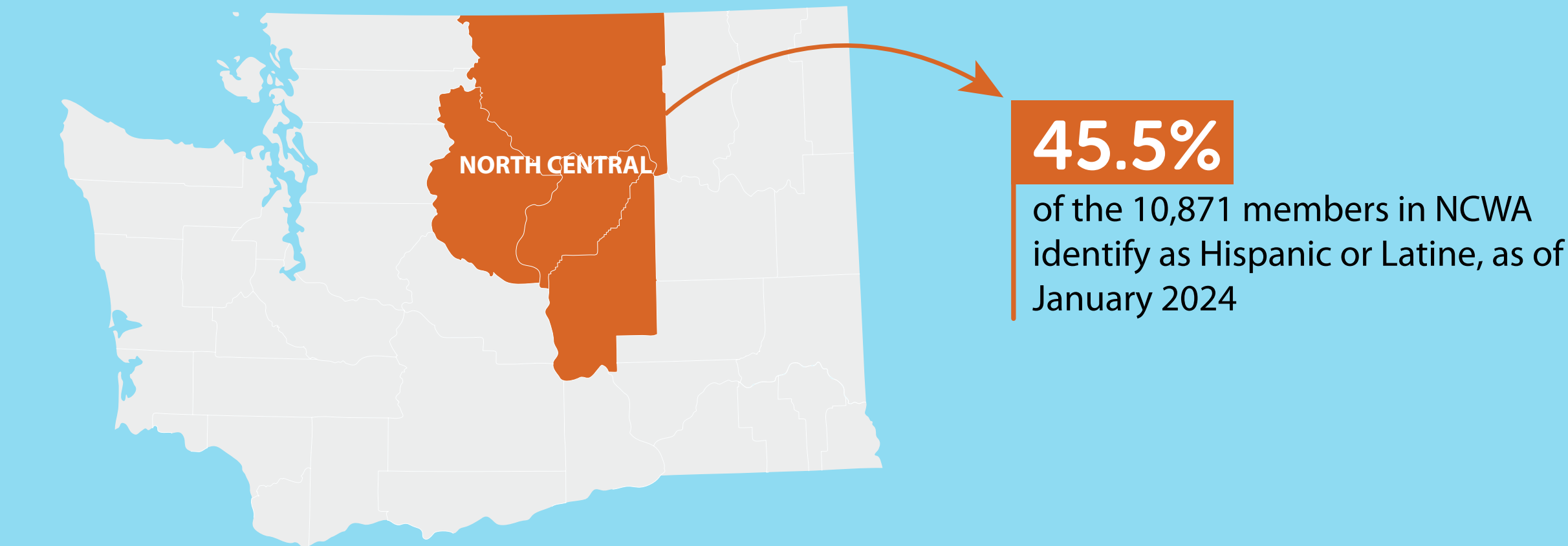# Let's Talk About Diabetes: Your Health, Our Priority

Who are we?

We are a not-for-profit, Washington-based health plan with more than 30 years of experience and long-established roots in health equity for under-resourced communities.

North Central Washington Region (NCWA)

NORTH CENTRAL

45.5% of the 10,871 members in NCWA identify as Hispanic or Latine, as of January 2024

Diabetic Care Gaps in the North Central Washington Region (NCWA)
Hispanic and Latine communities in NCWA are experiencing higher than average rates of type 1 diabetes, type 2 diabetes, or pre-diabetes.

Measuring Diabetes: Control of A1c
A hemoglobin A1c (HbA1c) test is a blood test that shows your average blood sugar levels over the past 2-3 months. An HbA1c level greater than 9.0% indicates poor control of diabetes. The graph below indicates HbA1c disparities in NCWA.

Percentage of North Central members with A1c levels > 9.0* Levels above 9.0 indicate poor control of A1c
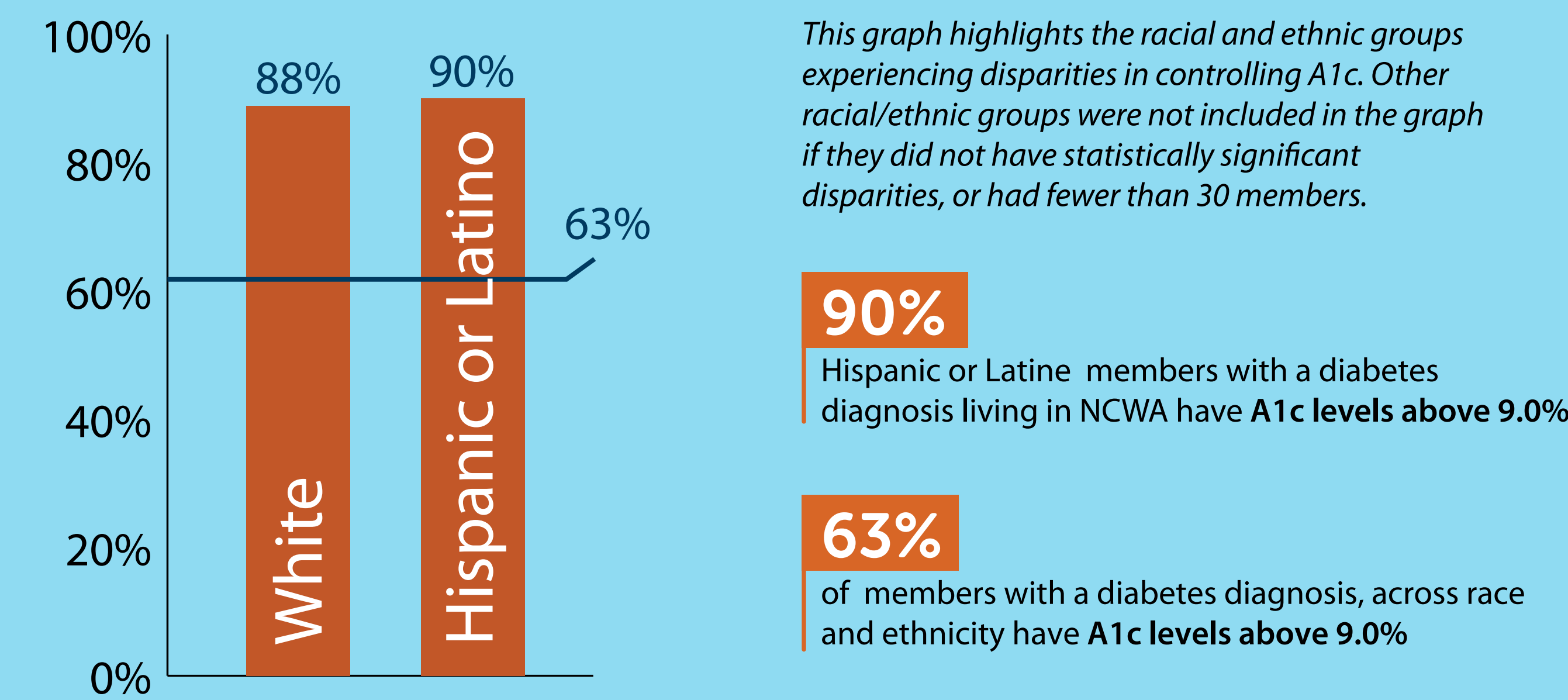
This graph highlights the racial and ethnic groups experiencing disparities in controlling A1c. Other racial/ethnic groups were not included in the graph if they did not have statistically significant disparities, or had fewer than 30 members.

90% Hispanic or Latine members with a diabetes diagnosis living in NCWA have **A1c levels above 9.0%**

63% of members with a diabetes diagnosis, across race and ethnicity have **A1c levels above 9.0%**

*The line showing 63% represents the **organization** average for this measure. The numerator for data includes all individuals with diabetes who have A1c > 9.0. The denominator includes any individuals who have a diabetes diagnosis regardless of last noted A1c.

Project Overview

Assessing A1C Disparity in North Central Washington
We recognize health disparities at the statewide level are not the same for every region. Leveraging the tools, resources, and knowledge of each region, via our ten Regional Care Teams (RCT)s and their connection to their communities, we aimed to develop culturally and linguistically tailored, community driven, and regionally based approaches.

After conducting a disparities analysis for the region, and speaking with local providers and community leaders, diabetes management for Hispanic and Latine community members was identified as a priority.

Collaborating with the Community
Four of NCWA's RCT staff, some of which are both English and Spanish-speaking, attended one of the largest celebrations of Hispanic Heritage Month in the area, Fiestas Mexicanas. There, they conducted an in-person survey to get direct feedback from community members about diabetes management and how we can better better support members, and the community.

Survey Process
Approachability was prioritized, limiting the survey length. As incentive for completing the survey, participants were entered into a drawing for one of three $50 gift cards.

- The survey was provided in English and Spanish, paper and electronic
- Four survey questions were used to determine what respondents would find helpful in managing diabetes.
- A Likert scale from 1 "not very helpful" and 5 "very helpful" was used
- Received 90 unique, validated surveys

Respondents were categorized by three self-selected categories. Learnings from external leaders in diabetes management in the broader Hispanic and Latine communities guided categorization. Notably, the family component's impact on sustainable long-term changes. The three categories are illustrated in the survey questions and responses table below.

Survey Questions & Responses

	Spoke to a health care professional about diabetes in the past 6-months	Lives with a family member who they help to manage their diabetes	Community member who did not self-select the first two categories
1 Would you find healthy recipes cards or recommended healthy grocery lists helpful in managing diabetes?	3.8	4.4	4.5
2 Would you find a diabetes management program in your language helpful in managing diabetes?	3.9	4.4	4.7
3 Would you find a blood sugar monitoring device (often called a continuous glucose monitoring device) helpful in managing diabetes?	4.0	4.3	4.5
4 Anything else you want to share?	"La insulina muy cara el cuerpo lo rechasa." / Insulin is too expensive, [and] the body rejects it.	"Gracias pensar en las personas que tienen diabetes." / Thank you for thinking about the people who have diabetes.	"I think all of the items are helpful, but it needs to be shared in a way that people can learn about it in a way that fits their culture and language levels."

Discussion

Challenges exist in how individuals process and respond to a survey request within this community. Conducting this survey in-person, with individuals who are from the community and Spanish speaking, likely encouraged participation. To control for bias, questions were presented neutrally when when verbalized, and de-stigmatizing language was used.

Limitations
Our pilot survey was intended to be short. In future, we may add demographic questions for further learnings. As a start, in version 2.0, an online survey tool was created to include primary language preference.

Additionally, individuals were not asked to share if they had been diagnosed with type 1, 2 or pre-diabetes. Questions specific to managing type 1 versus type 2 diabetes may improve learnings.

Moreover, with the intent to make survey questions easy to understand, questions were oversimplified. This created confusion with one of our questions and the data was found inconclusive so we omitted it from above. Education around medication assisted diabetes management, such as insulin, may be beneficial.

Finally, use of a Likert scale can be effective. However, the survey results showed a lack diversity in responses, none below 3.8. As a future solution, a question could be added to rank provided solutions by perceived effectiveness.

Recommendations Comments received showed a desire for:

Culturally relevant classes on diabetes management, nutrition, and exercise

Affordable insulin and other medication assisted diabetes management

Continuous glucose monitoring devices (CGM)

Based on literature review, healthy adaptations of staple foods and traditional recipes could support improved nutrition. Consider, culturally relevant and tailored cooking classes in a community setting, such as community kitchens, in addition to other culturally and linguistically informed education and programming.

Next
After receiving positive reactions by survey respondents, we plan to use these findings as conversation starters for continued advocacy to create more culturally and linguistically tailored diabetes management programs.

Following these learnings, we launched a program that pairs culturally and linguistically appropriate education and support from our Diabetes Educator teams with our members, specifically the Latine and Hispanic communities of North Central Washington. Included in the program, at-home A1c tests.

Take the survey!

Redacted text to keep document de-identified

2016: Achieved NCQA Multicultural Health Care distinction. Presently certified under the Health Equity Accreditation, as it's known today.

2019: Launched internal DEI learning collaboratives, recommitting to our on-going work to be an anti-racist organization.

2021: Set our overarching vision to lead in advancing equitable, whole-person care.

2022: Publicly prioritized 8 key health measures to guide and measure our efforts to improve care delivery, detailed in our first Health Disparities Report.

2023-24: Established 10 Regional Care Teams to localize health disparity assessment and intervention, expanding region-based engagement and tailored health programing.