



TRANSITION YEAR FOR THE DIABETES COALITION OF PBC: MOVING FORWARD WITH OUR COMMUNITY PARTNERS

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**Barbara Jacobowitz,
Masters of Science in Public Health
DOES NOT HAVE ANY FINANCIAL
RELATIONSHIPS
RELATIVE TO THE CONTENTS
OF THIS PROGRAM**



Presentation Goal

To inform members of the medical and health professions regarding the Palm Beach County Diabetes Coalition's community outreach efforts and:

- ✓ *The use of volunteers in the data collection procedure*
- ✓ *What changes have occurred in the screening process itself in 2017*
- ✓ *The use of technology to measure biomarkers*
- ✓ *New referral procedures based upon A1c metrics.*

Excerpts from the 2017 Diabetes CDC Report: Who Has Diabetes?

4%

- Age 18 to 44
- Equates to 1 in 25 people

17%

- Age 45 to 65
- Equates to 4 in 25 people

25%

- Age 65 plus
- Equates to 6 in 25 people

Excerpts from the 2017 Diabetes CDC Report: Who Has Diabetes?

“Prevalence varied significantly by education level, which is an indicator of socioeconomic status,” according to the report. “12.6 percent of adults with less than a high school education had diagnosed diabetes versus 9.5 percent of those with a high school education and 7.2 percent of those with more than a high school education.”

Individuals with diabetes spent about 2.3 times more money on medical care than people who do not have diabetes.

“Among children and adolescents aged 10 to 19 years, U.S. minority populations had higher rates of new cases of type 2 diabetes compared to non-Hispanic whites.”



Who Are We?

Mission Statement:

To prevent diabetes and improve the lives of people living with the disease and those touched through awareness, education, advocacy and access to care.

It is important that we recognize our Community Partners as we cannot function without them!

- 31 designated sites/events during 2017
- More than 50 community partners involved



Number of Individuals Screened Since Coalition Inception: **12,238**

2012	2013	2014	2015	2016	2017
740	927	2578	3026	3425	1542

Please note that in 2017, there were several issues that impacted the lower number of individuals screened in 2017:

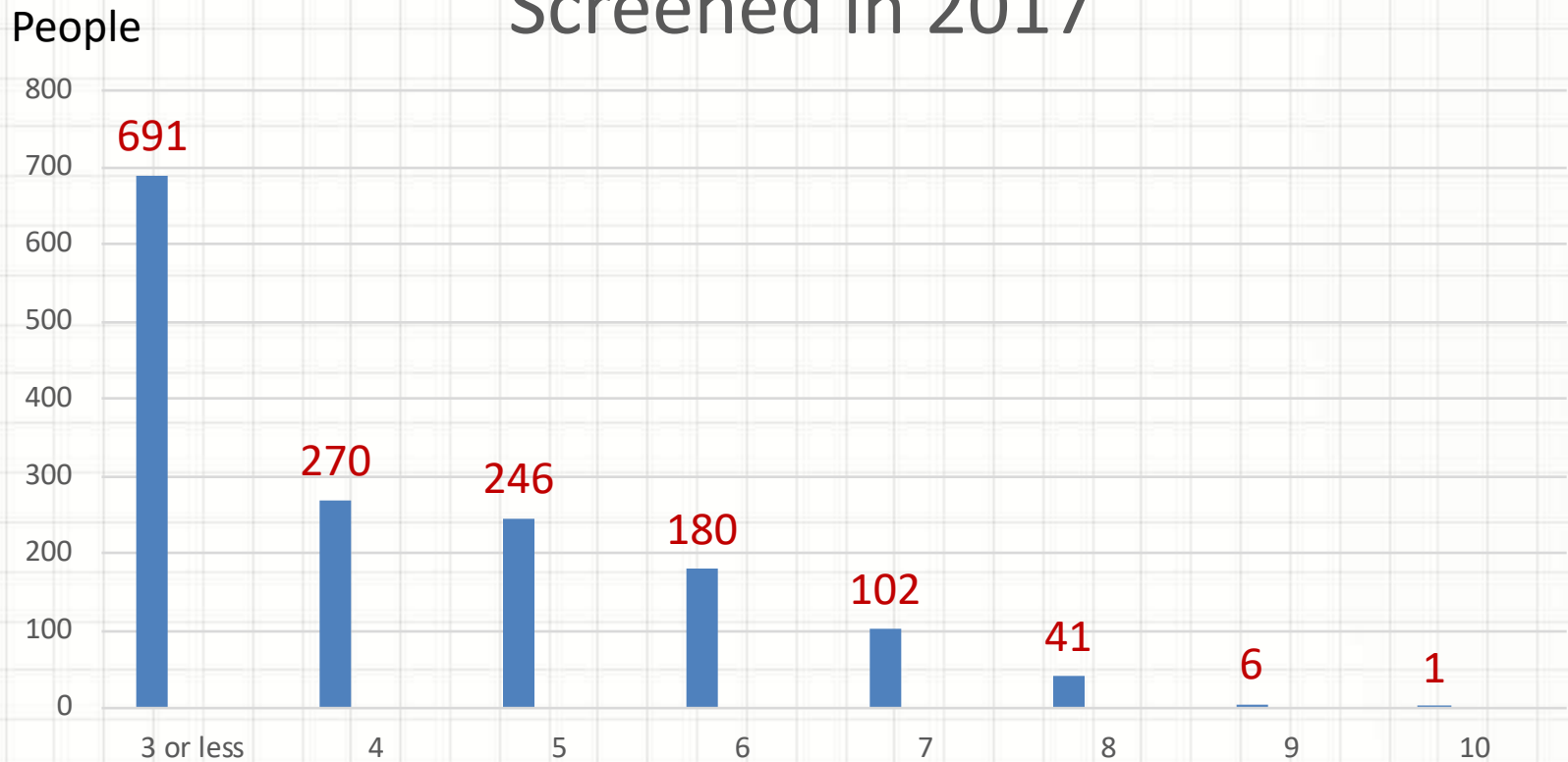
- 1) After several meetings of the Coalition Board and Data Committee members, the form was expanded to include additional biomarkers, demographic and insurance information starting with Diabetes Awareness Day in November. Starting in November, all of those screened were offered the rapid A1c test, which must be done at a controlled temperature and takes 5 minutes for the results.*
- 2) The hurricane impacted the scheduling of sites and the ability of volunteers to be able to assist.*
- 3) Funding was too limited to purchase the remainder of tablets needed to automate the collection process during 2017.*

Risk Score Profile for Those Screened in 2017: 1,542

ADA Risk Score	Number Screened	Relative Frequency	Cumulative Frequency
3 or below	691	45.0%	45.0%
Four	270	17.6%	62.5%
Five	246	16.0%	78.5%
Six	180	11.7%	90.2%
Seven	102	6.6%	96.9%
Eight	41	2.7%	99.5%
Nine	6	0.4%	99.9%
Ten	1	0.1%	100.0%
TOTAL	1,537*		

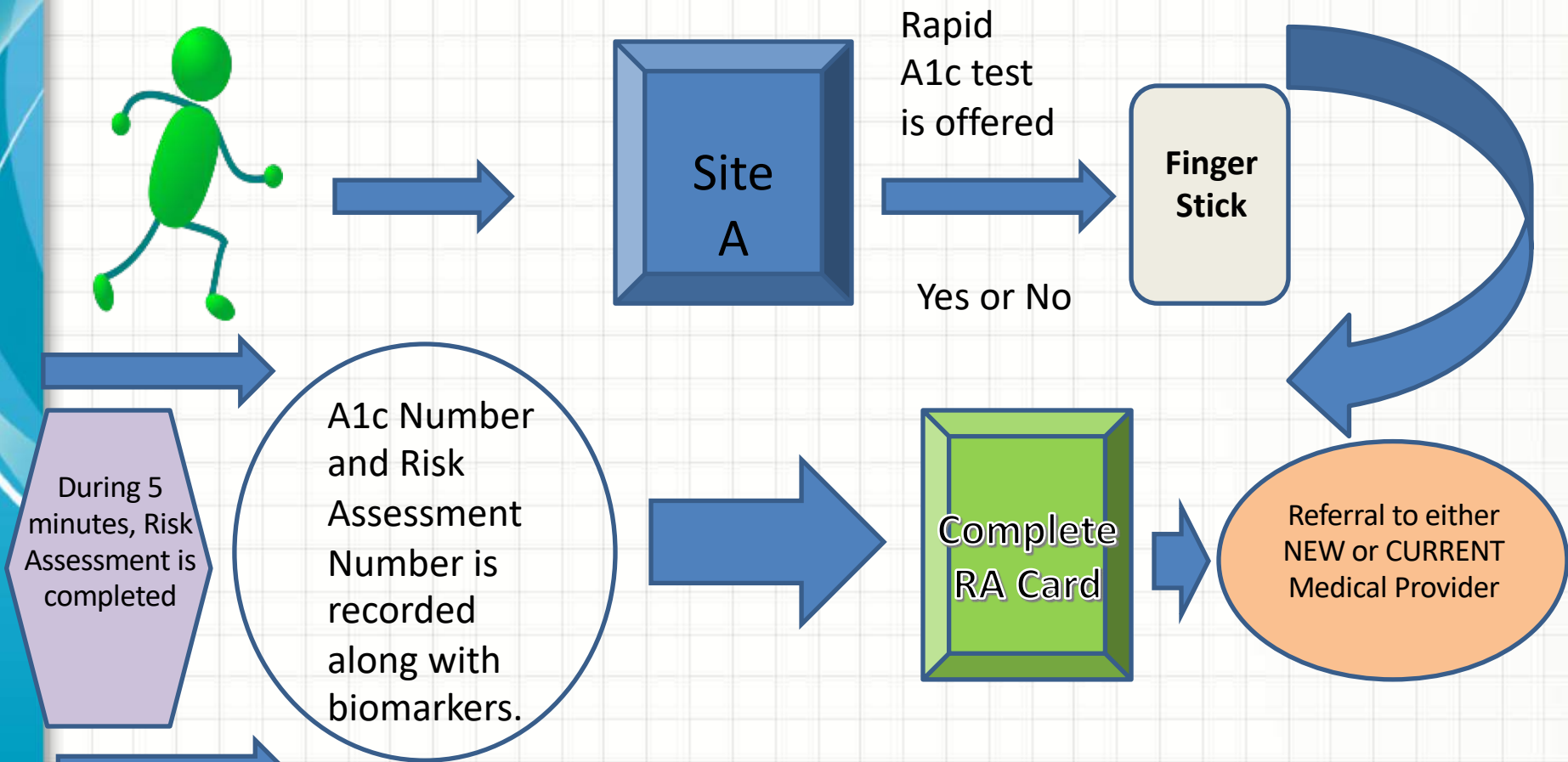
* Rounding error

ADA Risk Assessment Score for All Screened in 2017



ADA Scores After Completion of Paper Risk Assessments

New Screening Flow Chart Initiated in October, 2017



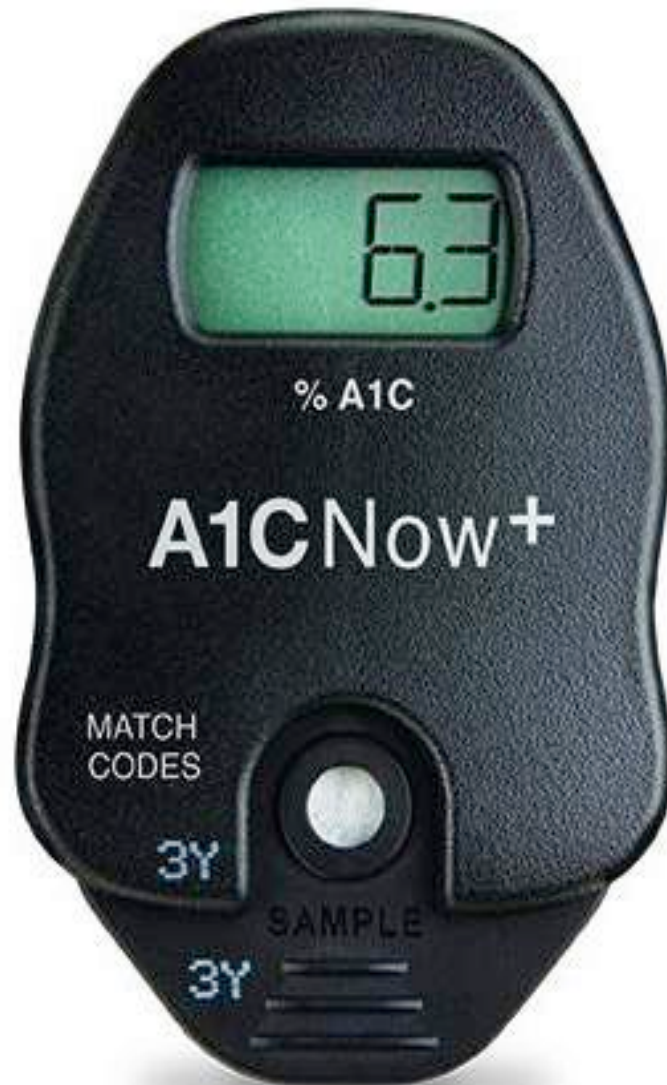
Changes include capturing information on exact weight and height; whether those screened have health insurance; if they have ever had a health provider give them a diabetes diagnosis previously; if they want assistance with lifestyle coaching; and giving them a card with their results to take to their physician.

Points to Remember

- The A1C test is a blood test that provides information about a person's average levels of blood glucose, also called blood sugar, over the past 3 months.
- The A1C test is based on the attachment of glucose to hemoglobin, the protein in red blood cells that carries oxygen. Thus, the A1C test reflects the average of a person's blood glucose levels over the past 3 months.
- In 2009, an international expert committee recommended the A1C test be used as one of the tests available to help diagnose type 2 diabetes and prediabetes.
- Because the A1C test does not require fasting and blood can be drawn for the test at any time of day, experts are hoping its convenience will allow more people to get tested—thus, decreasing the number of people with undiagnosed diabetes.

Excerpt from the National Institute of Health; Diabetes and Digestive and Kidney Diseases Website, 2018.

CURRENT A1C METER USED AT SCREENINGS



**During 2017,
342 A1c tests
were offered
and 167 were
completed.**

**“Know Your
Numbers” Card**



PALM BEACH COUNTY

Unique Identifier(# on form):

Diabetes Assessment
Screening Site Location:

Screening Date:

Diabetes Risk Assessment Screening Results

Diabetes Risk Assessment
Score (0-10):

Body Mass Index (BMI):

Glucose:

A1c:

Lipids: CHOL/HDL: LDL-C:

CHOL: HDL-C:

***PLEASE BRING THESE RESULTS TO YOUR MEDICAL PROVIDER
FOR FURTHER EVALUATION OF YOUR CURRENT HEALTH STATUS.
Visit our website at: www.diabetescoalitionpbc.org***

Back of Card

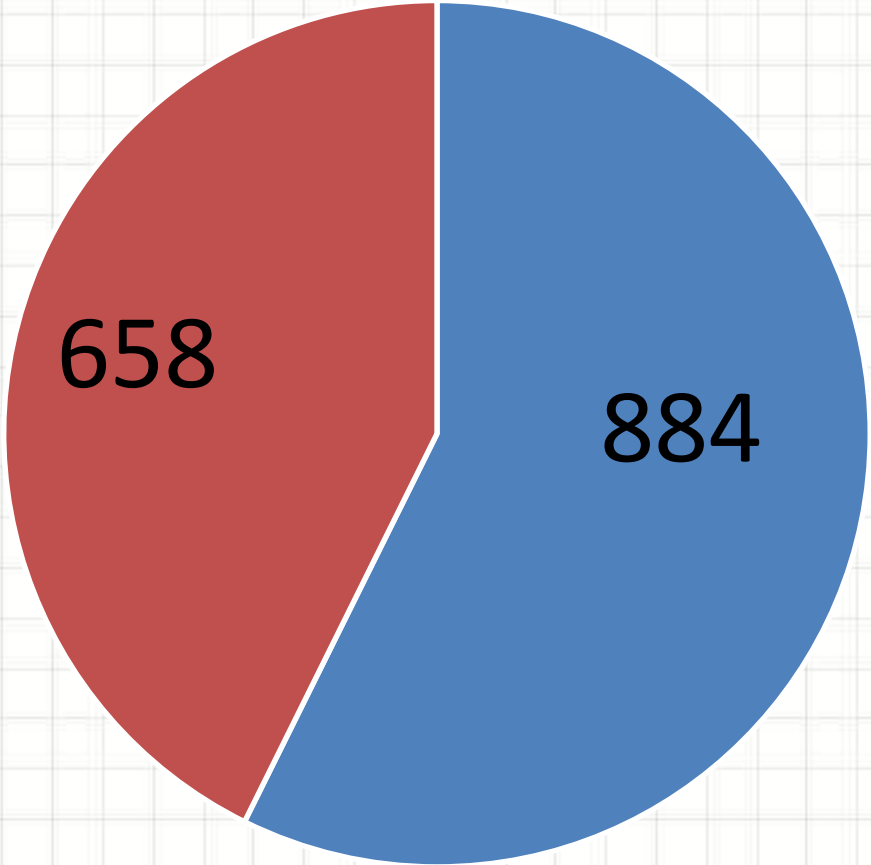
Diabetes is Diagnosed at an A1c of
Greater Than or Equal to 6.5%



Normal	less than 5.7%
Prediabetes	5.70/oto 6.4%
Diabetes	6.5% or higher

Source: American Diabetes Association

Number Assessed in 2017: 1,542



■ Short RA ■ Long RA

In 2017:

Top Ten Zip Codes : Risk Score 4+								
Zip	Four	five	Six	Seven	Eight	Nine	Total	Risk %
33435	22	19	7	7	2		57	57.6%
33411	16	14	18	7	1		56	57.1%
33458	16	15	7	2	1		41	42.3%
33414	21	10	4	5			40	54.8%
33463	11	9	6	4	2		32	50.0%
33430	11	13	6	9	1	1	41	68.3%
33415	7	9	4	7	4		31	60.8%
33436	6	7	5	1	2		21	46.7%
33409	6	3	4	2			15	34.1%
33407	7	11	7	3			28	65.1%
Total	123	110	68	47	13	1	362	53.7%

NOTE: Risk Percentage = Total 4+ Risk Assessment Score / Total All Zip Codes

Highlights of Those Screened Using the Expanded Form

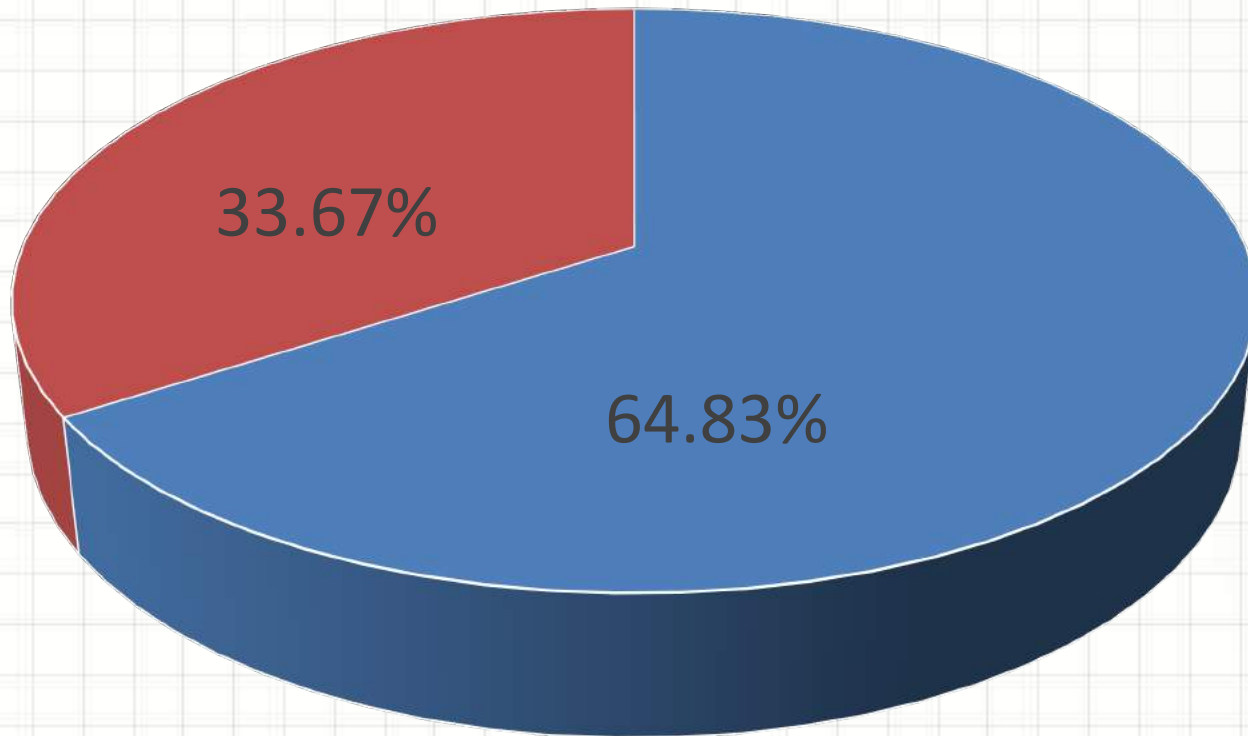
- When asked if they had ever been diagnosed with diabetes by a health professional, 23% had been diagnosed while 77% had not.
- Only 8% of those screened had been diagnosed with gestational diabetes when pregnant.
- Over one third, or 34%, have been diagnosed with high blood pressure.
- Forty-six percent (46%) had a mother, father, sister or brother who had been diagnosed with diabetes.

Highlights of Those Screened Using the Expanded Form (continued)

- Of the 654 responding to their age, 36% were under the age of 39; 17.5% were between 40 and 49; 21% were 50-59 while 24.5% were 60 or above.
- Of the 656 responding to their gender, there were 182 men (27%) and 474 (73%) women screened.
- When selecting race, we added the category of Bi-racial of which 27 people (4.28%) selected. The remainder were White (58%) and Black/African-American (35%) with 20 people identified as Asian, American Indian, Alaska native and Other.
- With regard to ethnicity, 42% identified as Hispanic/Latino while 58% identified as Non-Hispanic.

Highlights of Those Screened Using the Expanded Form (continued)

Do You Have Health Insurance?



RED: NO HEALTH INSURANCE **BLUE:** HAS HEALTH INSURANCE

Highlights of Those Screened Using the Expanded Form (continued)

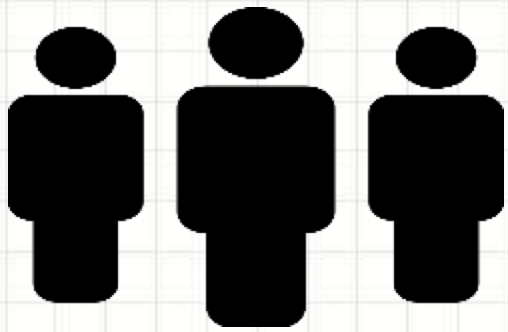
- Ninety-one (91) people said that they would like to be contacted about health coverage options while 140 of the uninsured responded that they would not like to be contacted.
- When asked if they have a primary care doctor or use clinic services for medical issues, 394 respondents or 66% said that they do. Two hundred people or 34% said that they do not.
- When asked if they would like to be contacted about prevention education programs, two hundred and seventeen people responded “yes”.
- Asked if they would take the completed referral card to their physician, 73% responded “yes”.

BMI Chart

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	
kgs	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7	
HEIGHT in/cm	Underweight					Healthy					Overweight					Obese					Extremely obese				
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	36	37	38	39	40	
5'2" - 157.4	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39	
5'3" - 160.0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38	
5'4" - 162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37	
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35	
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34	
5'7" - 170.1	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33	
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32	
5'9" - 175.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31	
5'10" - 177.8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30	
5'11" - 180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30	
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29	
6'1" - 185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	
6'2" - 187.9	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	
6'3" - 190.5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26	
6'4" - 193.0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26	

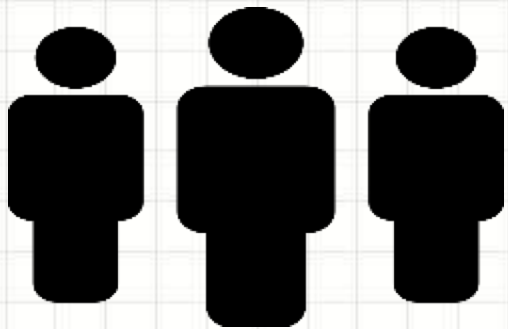
Body Mass Index (BMI) Biomarker: Under 24.9 is a healthy weight

BMI	Freq	C.Freq	C.RF	Reverse	Rev %
(0 , 14]	1	1	0.2%	647	100.0%
(14 , 16)	0	1	0.2%	646	99.8%
(16 , 18)	6	7	1.1%	646	99.8%
(18 , 20)	17	24	3.7%	640	98.9%
(20, 22)	47	71	11.0%	623	96.3%
(22 , 24	84	155	24.0%	576	89.0%
(24 , 26)	105	260	40.2%	492	76.0%
(26 , 28)	84	344	53.2%	387	59.8%
(28, 30)	89	433	66.9%	303	46.8%
(30, 32)	61	494	76.4%	214	33.1%
(32 , 34)	58	552	85.3%	153	23.6%
(34 , 36)	24	576	89.0%	95	14.7%
(36 , 38)	24	600	92.7%	71	11.0%
(38 , 40)	15	615	95.1%	47	7.3%
(40 , 42)	10	625	96.6%	32	4.9%
(42, 44)	7	632	97.7%	22	3.4%
(44 , 46)	5	637	98.5%	15	2.3%
(46 , 48)	3	640	98.9%	10	1.5%
(48, 50)	2	642	99.2%	7	1.1%
(50 , 99)	5	647	100.0%	5	0.8%



Three Examples of Those Screened in 2017

Respondent 361: An African-American male in his 30's who has never been diagnosed with diabetes, completed his Risk Assessment and scored a 3 on the ADA scale. His BMI was 29 and he has no health coverage, no primary care provider and was not interested in learning about health coverage options. His A1c was 12.6. He agreed to go to a free clinic with his completed referral card.



Three Examples of Those Screened in 2017

Respondent 440: A Hispanic/Latino female in her 50's is a diagnosed diabetic with health insurance coverage and a BMI of 25. Her completed Risk Assessment scored a 7 and her A1c was 7.7. She agreed to take her completed referral card to her physician.

Respondent 467: An African-American female in her 40's has never been diagnosed with diabetes had a completed Risk Assessment score of 5. Her BMI was 33 and her A1c score was 10.3. She has insurance coverage and promised to take her referral card to a doctor as the A1c was very concerning to her.

Accomplishments of the Diabetes Coalition During 2017

- ❖ The Coalition has significantly expanded its funding partners and sponsors, working hard to fund needed infrastructure, technology (additional Ipads) and supplies needed to perform the A1c tests at all of our partner sites.
- ❖ In July of 2017, the Coalition began the formal process, through the Legal Aid Society, to become an independent 501 (c) (3) not-for-profit organization. We expect the formal designation within the next couple of months.
- ❖ Keiser University, West Palm Beach, has agreed to move forward with the donation of office space on the second floor of the 2081 Vista Parkway building.
- ❖ With the recognition of A1c tests as the “gold standard” in assessing diabetes risk, all of those completing the Risk Assessment are now offered an A1c test. And in the Spring of 2017, the Diabetes Risk Assessment Tool was revised and expanded to provide a more in-depth screening assessment analysis.

Accomplishments of the Diabetes Coalition During 2017 continued

- ❖ With our community partners, the Coalition revised and updated the Diabetes and Health-Related Resource Guide
- ❖ The Coalition continues to build on its *Targeted Community Medical and Education Outreach* initiatives providing diabetes prevention education programs specifically targeted to children and programs specifically targeted to older adults.
- ❖ Coalition volunteers have begun to visit physician offices explaining what we do and sharing copies of the “Know Your Numbers” card so that the physicians will recognize and coordinate with Coalition activities.
- ❖ The Coalition has been training new medical volunteers, such as allied health and chiropractic students, with supervision by their professors, in order to perform the A1c tests safely and accurately.
- ❖ The Coalition applied for and received a grant from the Health Care District for additional screenings in non-clinic community settings.



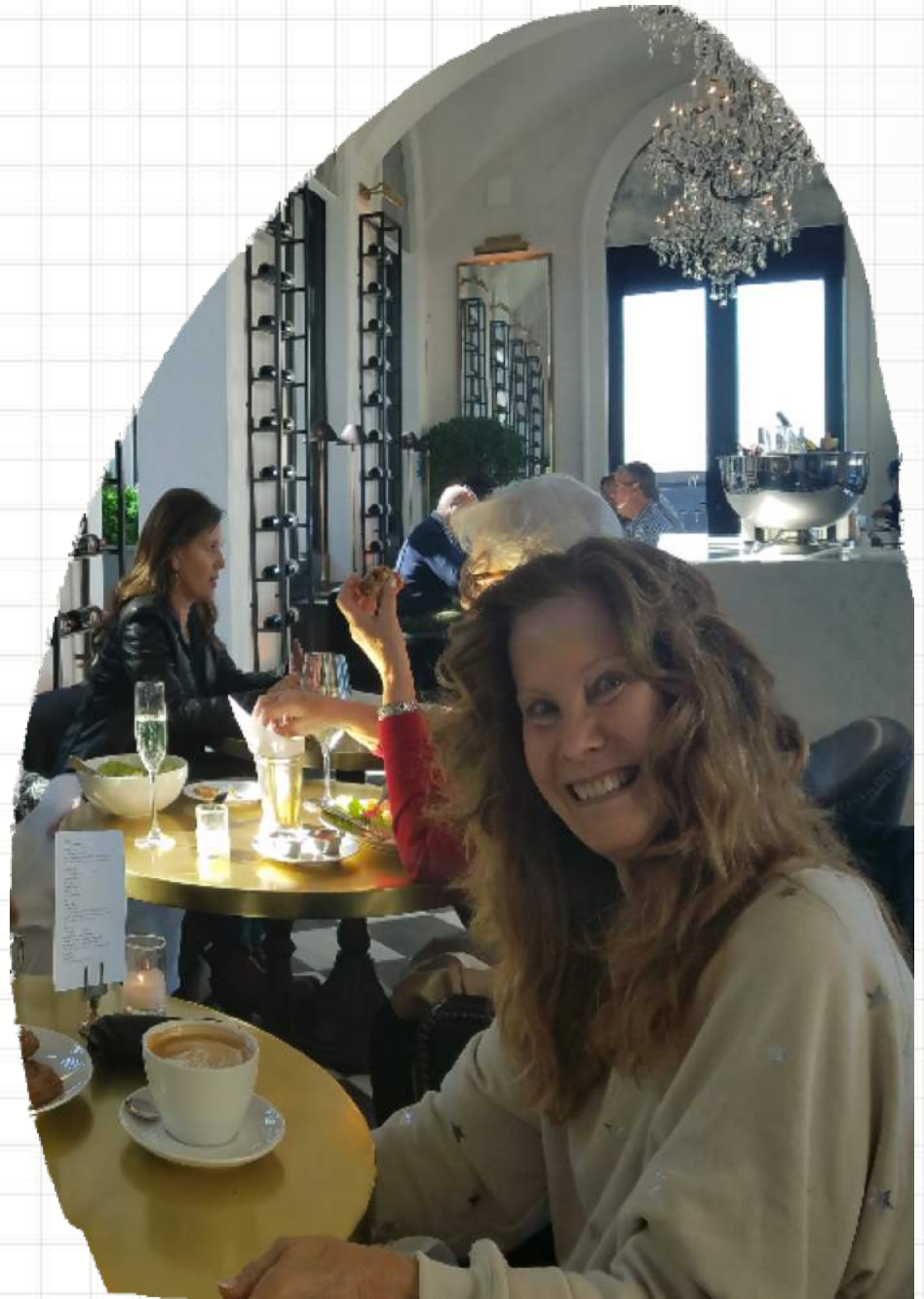
GOALS FOR 2018

- ❖ **Purchase additional tablets that will enable the Coalition to automate the data collection process.**
- ❖ **Expand the membership to include additional active volunteers for the purposes of educating physicians and other health professionals about Coalition screenings and how to coordinate the referral process.**
- ❖ **Monitor the progress of potential new technological advances that will allow screenings for cholesterol at the same time as A1c testing.**
- ❖ **Seek additional funds to expand the infrastructure of the Coalition once the 501(c)(3) designation is complete.**



***Thank
you to all
of our
sponsors
and
partners!***

A Heartfelt
Thanks
To Our
Executive
Director,
Debby
Walters!





QUESTIONS?