OCTOBER-DECEMBER 2015 QUARTERLY NEWSLETTER

OMH Health Disparity Focus: Diabetes

Annually in November, diabetes prevention and awareness is highlighted globally and locally. Its prominence is displayed in its economic, psychological, and physical impact on persons, populations and communities, most notably racial and ethnic populations. Diabetes, or diabetes mellitus, is a damaging health condition that involves the body's inability to produce insulin or use it efficiently, leading to high levels of sugar in the blood, or glucose. High levels of glucose produces frequent urination, thirst and hunger, weight changes (loss or gain), fatigue, limb numbness, male sexual dysfunction, and bruises that do not heal. If not controlled, diabetes can result in damage to the heart, lungs, kidneys, eyes and other parts of the body that may lead to blindness, heart failure, loss of limbs, and from a psychological perspective, depression, anger and anxiety. *(McGill, Medicalnewstoday.com, October 23, 2015).*

Diabetes Fast Facts

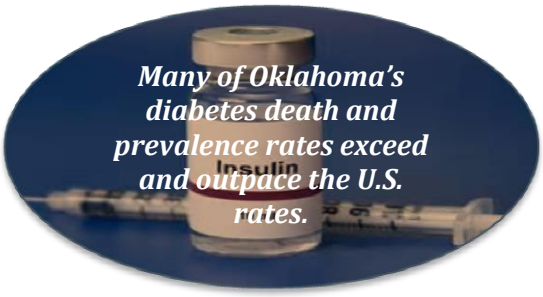
- *Type 2 diabetes most prevalent form of diabetes.*
- *Tied closely to obesity and lack of physical activity.*
- *Can be managed with proper nutrition, physical activity and glucose monitoring.*
- *Has disproportanate impact on racial and ethnic populations.*

Risk Factors & Costs

Diabetes is classified generally as ***Type 1*** (juvenile or early onset) where the body does not produce insulin from birth or early age; ***Type 2*** (adult onset) where the body does not produce enough insulin, or is insulin-resistant as the person ages; and ***Gestational*** where diabetes emerges in women during pregnancy. The most common form of diabetes is Type 2 (90-95% across the board) and is usually preceded by pre-diabetes. Persons most at risk for Type 2 diabetes are those who are overweight (including those with poor diets), physically inactive, of a specific race/ethnicity, have a family history of diabetes, and who are aging. *(McGill, October 23, 2015).*

Rankings

Oklahoma ranks among the states nationally with the poorest health outcomes regarding the prevalence of diabetes, with the latest national ranking placing Oklahoma 39th (11th highest) in diabetes prevalence. *(America's Health Rankings, 2015)*. In most cases, the Oklahoma rankings, inclusive of high rates of obesity and lack of physical activity, trended faster at higher rates than the U.S. *(Chronic Disease Service, August 2015).* Additionally, in 2012, Oklahoma ranked 3rd nationally in diabetes death rates (28.4 vs. 21.2 U.S.). *(National Vital Statistics, Vol. 63, No. 9)*



Many of Oklahoma's diabetes death and prevalence rates exceed and outpace the U.S. rates.

Oklahoma State Department of Health

Health Disparities

Statistically, racial and ethnic populations are most at risk for diabetes. Native Americans and African Americans are more likely to incur, be hospitalized, and die from diabetes. In Oklahoma, the death rate for diabetes is 29.8/100,000 population, (6th leading cause of death). For Native Americans, the rate is 62.3; and African Americans, 46.7. The Hispanic rate follows more closely to the state rate at 31.4. Asian/Pacific Islanders are at 28.4. Whites are the only population that falls below the state rate at 26.4. Regarding diagnosis, diabetes rates are 15.7 for Native Americans, 15.2 for African Americans and 12.1 for multi-racial. The Hispanic population had the lowest overall rate at 6.4. *(Chronic Disease Service, August 2015)*

African Americans comprise a majority of all diabetes-related hospitilazations.

Native Americans are the most likely to incur and die from diabetes followed closely by African Americans.

OMH Mission & Activities

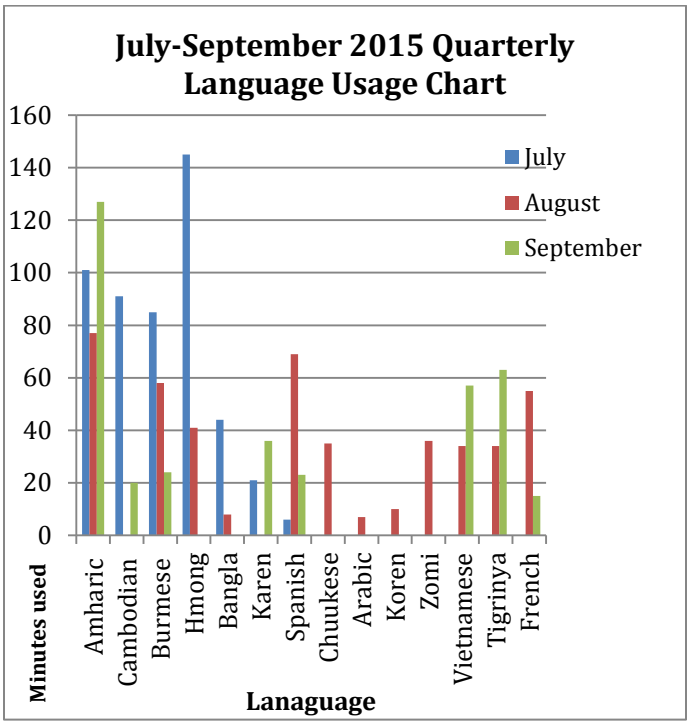
The mission of the OMH is to improve the health of racial and ethnic populations across the state for the purpose of eliminating health disparities. The OMH provides support to minority communities and partners statewide through policy development, special events, programs, services, technical assistance and information. This allows for relationship building with minority communities with the intent of improving health opportunities and health outcomes for those who have significant need for assistance in accessing critical health resources.

Language Assistance

To assist with critical health service access, the OMH provides language assistance services (medical interpretation and translation) to persons with Limited English Proficiency (LEP), or those persons who don't speak or fully understand the English language. Medical translation involves written conversion of documents (health care forms, fliers, brochures, etc.) from English to Spanish or Spanish to English as examples. Interpretation involves face-to-face or verbal communication between a health care provider/professional and client who each speak different languages. Currently, the OMH utilizes two translators/interpreters to perform this service at the central office and in the county health departments. This includes on-site and telephone services. The majority of OMH clients are Spanish speaking persons who require significant help in accessing health care services. From September 1, 2013 to August 31, 2015 the Office of Minority Health had a total of 270 translations and 392 interpretation services at both the central office and across the state.

Another method to reach LEP populations is through a telephonic language access line that provide services to those populations who speak languages other than Spanish. Over 250 additional languages are accessed through these lines that help communities, families and individuals access much needed health services where communication barriers may exist. Last quarter, the Office of Minority Health was able to service approximately 70 individuals with language line services, and in return those 70 individuals used 1500 minutes (25 hours) of telephone interpretation services. The most commonly requested languages for telephone interpretation are Amharic (Ethiopia), Burmese (Thailand), and Hmong (China & Southwest Asia). These commonly used languages are being requested in various areas within the state such as the panhandle, northeast, and central part of Oklahoma.

To reflect this activity, the chart below is a quarterly chart of all the languages that has been captured through the language line services and the number of minutes used.



Overall, the provision of language assistance services by the OMH has been a benefit for those with limited health opportunities caused in part, by language barriers. The OMH provides the critical link that connects LEP populations with health care services and resources that they may not otherwise obtain. These services serve as a contribution to the elimination of health disparities but much more work needs to be done as Oklahoma's racial and ethnic population continues to become more diverse through language and culture. The OMH embraces this opportunity.

OMH Baby Showers

The OMH prioritizes infant health in minority populations through its "*A Healthy Baby Begins With You*", a community-supported baby shower program for mothers, expecting mothers and extended families and that includes partnerships with various communities and infant mortality advocates across the state. During this quarter the OMH facilitated several community baby showers across the state to continue the challenge or reducing the infant mortality rates among minority populations, most notably African Americans and Native Americans. Oklahoma continues to rank among the top 10 states with the worst infant mortality rates (when a baby dies during its first year of life). In minority communities, Native Americans (8.1/1,000 live births) and Africans Americans (15.4) have much higher rates than the Oklahoma state average (6.8). *(Oklahoma Infant Mortality Data Fact Sheet, 2013)*. The OMH helps plan and facilitate the baby showers statewide. It's goal is to reduce the infant mortality rate in diverse minority communities.

The target focus of the showers vary by location and community. Topics may focus on general pregnancy and infant health, while others choose a specific topic to highlight. This quarter, events held in El Reno (Canadian County) and Anadarko (Caddo County) covered topics including post-partum depression, infant CPR and choking to promote infant health and safety. These activities included presentations and demonstrations by the Indian Health Service, local coalitions and health professionals. These events were informative, interactive and well-received by the communities.

OMH Community Partnerships

The OMH provides support to community organizations such as faith based institutions and advisory groups for the purpose of eliminating health disparities and addressing social determinants of health. Specifically, the OMH has contributed

consultation to the Legislative Diabetes Caucus for the purpose of preparing resources for the annual World Diabetes Day recently held on November 12th and providing ongoing input into the development of a statewide diabetes plan due in 2017. Additionally, the OMH provides ongoing strategic planning support to the Oklahoma County Community Awareness Network (OCCAN) for the purpose of identifying and organizing resources (i.e., job training, education, legal services, physical activity, health and wellness activities, etc.) for Oklahoma County residents that includes networking opportunities among OCCAN members and community participants. The OMH continues collaboration with faith based partners in identifying methods to improve health among congregations. A recent interview was held with Mt. Triumph Baptist Church (Oklahoma City) that highlights its successful partnerships with the OMH and other community and governmental organizations to improve health outcomes.

OMH Community Partner Spotlight

The OMH spotlights community partner Reverend James A. Dorn who serves as the 20th pastor of Mt. Triumph Baptist Church in northeast Oklahoma City. Founded in 1915, Mt. Triumph is an African American church celebrating its 100th anniversary. Reverend Dorn has served as pastor of Mt. Triumph since 2005 and is also president of the Progressive Oklahoma Baptist State Convention, a platform to promote social justice through faith. Reverend Dorn and Mt. Triumph is highly engaged in community outreach focusing on health, family, youth development, education and governmental partnerships. Mt. Triumph has recently completed its participation with the OMH Body & Soul faith-based nutrition and fitness program for African American churches and is currently participating in community health initiatives that promote healthy lifestyles, health access and improved health outcomes for the northeast Oklahoma City area. The following is a summary of a recent interview with Pastor Dorn.

OMH: Reverend Dorn, what is your view on health and spirituality?

PASTOR DORN: There are over 100 references to healing in the Bible that include both healing of the soul and healing of the body. There are several passages in the Bible, in *Luke (8:47)*, *James (5:16)*, *Isaiah (53:5)* and *Chronicles (7:14)* that speak to the power of healing. In particular, there is a need to transform communities in the manner in which we think about our health and how it lines up with God's "word" both physically and spiritually.

OMH: What role does the pastor play in promoting health?

PASTOR DORN: My role, or the role of the pastor, is that of a health coach who must lead by example. This role provides leadership by ensuring that the congregation be concerned about its health such as monitoring blood pressure and glucose levels, eating nutritious foods, and participating in physical activity at home, church or other venues. These are activities that can be easy to do and can lead to a healthier lifestyle.

OMH: What is your understanding of health disparities?

PASTOR DORN: I have come to the realization that the African American community has "health issues" and is suffering individually and collectively. Most notably, I found that there are 2 significant disparity zip codes in the northeast Oklahoma City area: 73111 and 73117. These areas have high rates of diabetes, heart disease, strokes and are leading in most other indicators of poor health outcomes. My collaborations with governmental partners and research organizations, including the OMH, has provided me with the data and background to discover the extent of disparities. The research support on health disparities helps extend the discussion beyond

casual conversation and validates reported health conditions that occur in the community. This is extremely helpful when discussing among churches, pastors and congregations, including those congregations struggling with conditions such as diabetes. It is obvious that we (African Americans) are not healthy and need to improve our health outcomes.

OMH: What are the socio-economic challenges of your congregation and community?

PASTOR DORN: There appears to be many families without the safety net coverage such as Medicare, Medicaid or without employer-based health insurance. Without these resources, they may end up not going to the doctor for preventive screenings or treatment until a medical emergency arises. Chronic diseases can be managed if information and support is made available to those in need. This includes medication, training and education. I recall an incident with my own diabetes experience where I was denied coverage from my insurer for diabetes management classes. The insurer considered this an out-of-pocket expense. In situations such as this, persons with limited income and with no health insurance (or insurance reimbursement) are more likely not receive the information or education needed. They would try to self-manage a health condition that is likely inadequate and poorly implemented because they do not fully understand the importance of medication, nutrition and physical activity. In my opinion, those persons with health insurance or other resources would be best equipped to manage their health condition by receiving the critical information and training needed. If not, they are likely on their own.

OMH: How has your church and community benefited from structured health activities?

PASTOR DORN: We have been able to reduce weight and cut down on body circumference. We began to talk about health more than normal. At breakfast we are serving healthier foods and they are doing the same at home. We make sure they get their fruits and vegetables. Weekly goals are set that involve eating fruits and vegetables and getting exercise. This has helped change lifestyles.

OMH: How have you personally benefitted from a healthier lifestyle?

PASTOR DORN: I have had my personal struggles with diabetes as I had not always eaten properly or "done the right things" regarding my health. My poor health choices resulted in my being hospitalized and forced me to reconsider my health priorities. In short, I had to take care of my health if I were to continue the ministry that God called me to do. As an example, I lost several pounds and was able to eliminate insulin from my regiment. I became proactive in learning about how to manage my condition through classes and instruction to others. This has also provided me with valuable information and a new-found perspective on health as I participate in health initiatives at Mt. Triumph and other ventures locally and across the state. I am now an advocate for a healthier lifestyle.

OMH: How has been your experience with governmental partnerships?

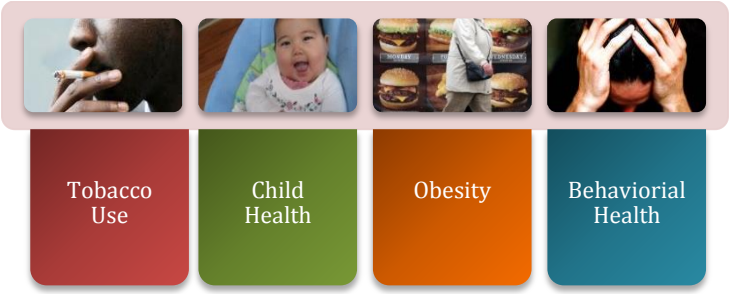
PASTOR DORN: Our partnership experience has been great and it began with developing a relationship with the Oklahoma Office of Minority Health. This relationship helped us target on specific health issues and enabled us to dialogue and eventually partner with other governmental organizations regarding health and other social issues. Other governmental partners provided a variety of resources, including research and education tools. These partnerships, along with other community partners, have provided the church with a nice mixture of information and financial resources to give communities the opportunity to be healthier. I am currently involved with a grant opportunity with the OU Health Sciences Center and other partners that focuses on web-based

diabetes self-management with the assistance of community health workers. This initiative is for 2 years and is still in the early stages of planning and implementation.

Oklahoma Health Improvement Plan

The OMH is currently involved in a state-level and agency-wide strategic planning process designed to improve the health outcomes for all Oklahomans, including racial and ethnic populations. This strategic process provides the OMH with the opportunity to develop priorities that are consistent with: (1) the Oklahoma Health Improvement Plan (OHIP or Healthy People 2020), a plan designed to improve the physical, social and mental health of all Oklahomans; and (2) an OSDH strategic map (2016-2020) approved by the Oklahoma State Board of Health that complements and operationalizes Healthy People 2020. These plans promote improved population health by focusing on targeted health issues (tobacco use, obesity, child health and behavioral health), social determinants of health (specifically targeting education and income), eliminating health disparities, improving public health systems, building and expanding public/private partnerships, building and expanding community partnerships, and engaging/educating communities in the development and discussion of community priorities and agency policies.

OHIP/ Healthy People 2020 Flagship Issues



In this process, the OMH is formulating a list of priorities and strategies in a plan that provides a path to improving population health and eliminating health disparities. The OMH plan proposes to provide leadership and support to: (1) the monitoring of the health status of racial and ethnic populations; (2) the reduction of barriers to public health services; and (3) the engagement, education and mobilization of communities, including racial and ethnic populations. These broad categories of priorities include, but not limited to, the collection, analysis and reporting of culturally relevant data; the provision of language assistance for persons with limited English proficiency; and the building of community partnerships through workgroups, community forums and other interactive mechanisms for engagement and information sharing opportunities. Once approved, the OMH plan will allow for community partners to have direct input and participation in OMH/OSDH activities and initiatives. The OMH/OSDH strategic plans are still in draft stages but the full Healthy People 2020 report is available to the public and may be accessed at http://OHIP2020.com.

OSDH News & Events

The OSDH is in the process of upgrading its safety and security procedures to protect the public and OSDH employees against potential threats in its central office (Oklahoma City). Beginning in October, the OSDH has installed security detectors (x-ray imaging and metal detectors) on the first floor visitor's entrance to protect against weapons (including unauthorized firearms, knives, etc.) or other materials and substances determined to be potentially harmful to the public and OSDH employees. Under state law (Title 21 O.S. Section 1272 or *Unlawful Carry*), all prohibited weapons will be confiscated (or contained) and OUHSC campus police and/or other public safety responders will be notified for response as the situation arises.

Concealed firearms, including those with permits, are particularly prohibited and written notifications of prohibited weapons (signs) are provided in building entrances and other designated areas. Visitors and OSDH employee are advised to maintain proper identification and plan ahead for security procedures. For additional information, please contact Rocky McElvany, Director of Building Management at 405-271-1777 or by email, rockym@health.ok.gov.

Minority & Health Observances

November 2015

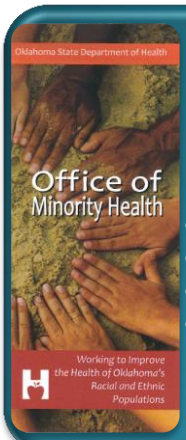
- American Diabetes Month
- World Diabetes Day (14th)
- Lung Cancer Awareness Month
- National Alzhiemer's Disease Month
- Great American Smokeout
- COPD Awareness Month
- Native American Heritage Month

December 2015

- World AIDS Day
- National Influenza Vaccine Week
- International AIDS Awareness Month

OMH Contact Information

For further information on activities, resources and partnership opportunities, please contact:



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