TODAY’S WEBINAR

• **Together 2 Goal® Updates**
  – Webinar Reminders
  – Together 2 Goal ® Award Winners
  – Together 2 Goal ® Innovator Track
  – AMGA March 28 Webinar
  – AMGA IQL 2018
  – 2018 Million Hearts Challenge

• **Addressing Health Disparities in Latino Populations with Diabetes**
  – David Marrero, Ph.D.

• **Q&A**
  – Use Q&A or chat feature
• Webinar will be recorded today and available the week of March 19th
  – www.Together2Goal.org
• Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen
CONGRATULATIONS 2018 TOGETHER 2 GOAL® AWARD WINNERS!

Best Performance (large group)

- SHARP Rees-Stealy Medical Group

Best Performance (small group)

- The BATON ROUGE CLINIC AMC
- PriMED PHYSICIANS

Most Improved (large group)

- Mercy Medical Group
- Tulane University

Most Improved (small group)

- The Portland Clinic

Honorable Mention

- Coastal Carolina Health Care, P.A.
SUBMIT YOUR INNOVATOR TRACK EYE CARE COHORT APPLICATIONS!

Applications due tomorrow, March 16!

Questions? Need the application? Visit our website or email us at InnovatorTrack@amga.org
AMGA WEBINAR: MARCH 28, 2018

Best Practices for Diabetes Care: Using a Text Message-Based Remote Patient Monitoring Tool to Improve Diabetes Control

• Justin Huynh, M.D., Mercy Virtual Care Center

Wednesday, March 28, 2018
• 2:00-3:00pm Eastern
• November 13-15, 2018
• San Antonio, Texas
• Strategies for succeeding in risk-based payment models, including Medicare Advantage
• Submit proposals by March 30, 2018.
• Health professionals, practices, and health systems that have achieved hypertension control rates of at least 80% are eligible to enter
• Submission deadline is April 6
• Visit https://millionhearts.hhs.gov/ for more information
TODAY’S FEATURED PRESENTER

David Marrero, Ph.D.

Director of the UA Center for Health Disparities Research
University of Arizona Health Sciences
Addressing Diabetes Disparities in Hispanic Populations

David G Marrero, PhD
Director, Center for Health Disparities Research
University of Arizona Health Sciences
How Serious is the Problem?
Hispanics in the U.S.

• **58 million in 2016** (17% of the population)

• The principal driver of U.S. demographic growth, accounting for half of national population growth since 2000.
The Population is Growing…..

• The U.S. Census Bureau estimates that by 2050, one in three people living in the United States will be of Hispanic/Latino origin
What is the Prevalence of Diabetes Among Hispanics?

- 10.2% in South Americans
- 13.4% in Cubans
- 17.7% in Central Americans
- 18.0% in Dominicans and Puerto Ricans
- 18.3% in Mexicans
Factors Associated with Diabetes Prevalence

- Positively related to:
  - Age
  - BMI
  - Years living in the U.S.

- Negatively related to:
  - Education
  - Household income

- 58.7%, aware of diabetes
- 48.0%, in glycemic control (A1C <7%)
- 52.4% with diabetes have health insurance
What are factors that contribute to diabetes disparities among Hispanics?

- **Biologic, genetic, environmental, and psychosocial factors**

- **Individual behaviors and environments**
  - Higher amounts of total/saturated fat, refined carbohydrates, SSBs
  - Fewer vegetables/day
  - Less likely to meet PA guidelines than NHW and non-Hispanic black adults

**Difficult to engage in lifestyle interventions**

**References**

How can we reduce disparity?
Need for Accessible Health Care

• Community vs. Central medical centers
• Vary forms of health care delivery
• Payment structure
Figure 1. Percentage of adults aged 18–64 who were uninsured, by race and Hispanic origin: United States, 2013 and 2014

<table>
<thead>
<tr>
<th>Race/Origin</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>41.1</td>
<td>34.1</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>14.5</td>
<td>11.5</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>24.7</td>
<td>17.6</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>16.1</td>
<td>12.1</td>
</tr>
</tbody>
</table>

1Significant difference between 2013 and 2014.
2Significantly different from the other three race and Hispanic origin groups in 2013.
3Significantly different from the other three race and Hispanic origin groups in 2014.

Increased Need for Cultural Tailored Education

Going beyond simple translation....

- Need to consider cultural concepts when trying to engage Hispanics in health interventions
  - **Machismo**: adherence to a Hispanic male-bound hyper-masculinity. Representative of behaviors that can include power seeking, aggressiveness, dominance, competition, and emotional disconnectedness that can negatively influence health related behaviors

- **Familismo**: perceived obligations for helping family members; reliance on support from family; and the use of family as behavioral and attitudinal referents

- **Caballerismo**: used to describe behaviors that incorporate displays of honor, respect, dignity, social responsibility, care for family, and emotional connectedness
Increased Need for Cultural Tailored Education 2

• Considering location for delivery....
  • History of relations with major medical centers
  • Need to deal with transportation issues

• Considering time of delivery
  • Need to consider barriers associated with job conflicts

• Considering who provides education.....
  • Community Health Workers
  • Media sources
• Date/Time: Thursday, April 19, 2-3pm Eastern
• Topic: The Role of the Nurse in Diabetes Care
• Presenters: Sentara Medical Group