DEVELOPING A COMMUNITY WIDE MODEL FOR TYPE 2 DIABETICS IN RURAL AREAS

OCEANA HEALTH BOUND COALITION - DIABETES TASK FORCE

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SEPTEMBER 12TH, 2018
2018 MIDWEST STREAM FORUM FOR AGRICULTURAL WORKER HEALTH
HARRAH'S NEW ORLEANS HOTEL, NEW ORLEANS, LOUISIANA

MICHIGAN STATE UNIVERSITY | Extension

HEALTH PROJECT
A COMMUNITY BENEFIT MINISTRY OF ✦ MERCY HEALTH

Oceana
health
bound
Connecting Health & Wellness for All

ICEBREAKER

What's In Your Drink?

1) Using your cell phone, go to: kahoot.it
2) Enter game pin
3) Enter name (individual or team)

STOP. RETHINK YOUR DRINK. GO ON GREEN.

Red - Drink Rarely, If At All
- Regular sodas
- Energy or sports drinks
- Fruit drinks

Yellow - Drink Occasionally
- Diet soda
- Low-calorie, low-sugar drinks
- 100% juice

Green - Drink Plenty
- Water
- Seltzer water
- Skim or 1% milk

BOSTON PUBLIC HEALTH COMMISSION

Farmworker Health

- According to (Connor et al. 2010), a **quarter** of all farmworker medical encounters at health centers were for the treatment of **chronic diseases**.

- Documented prevalence rates indicate a combined type 1 and 2 diabetes prevalence rate of **7.8%** among MSAWs (Boggess and Ochoa- Bogue 2014).

- The **primary drivers** for cardiovascular disease in the MSAW population include type 2 diabetes, cigarette smoking, obesity, and high cholesterol (Hunt et al. 2003; Kanna et al. 2008; Carroll et al. 2005).

Michigan Agriculture

Food and agriculture sector is the state's second largest industry.

Over 101 billion impact on state's economy.

Michigan is the second most agriculturally diverse state in the nation.

#1 nationwide in the production of 18 commodities, including blueberries, tart cherries, Niagara grapes, cucumber for pickles, and some varieties of flowering plants.

Map One: Michigan Estimates For MSFW Workers Only by County

Grand Total of
Migrant & Seasonal
Farmworkers in Michigan
49,135
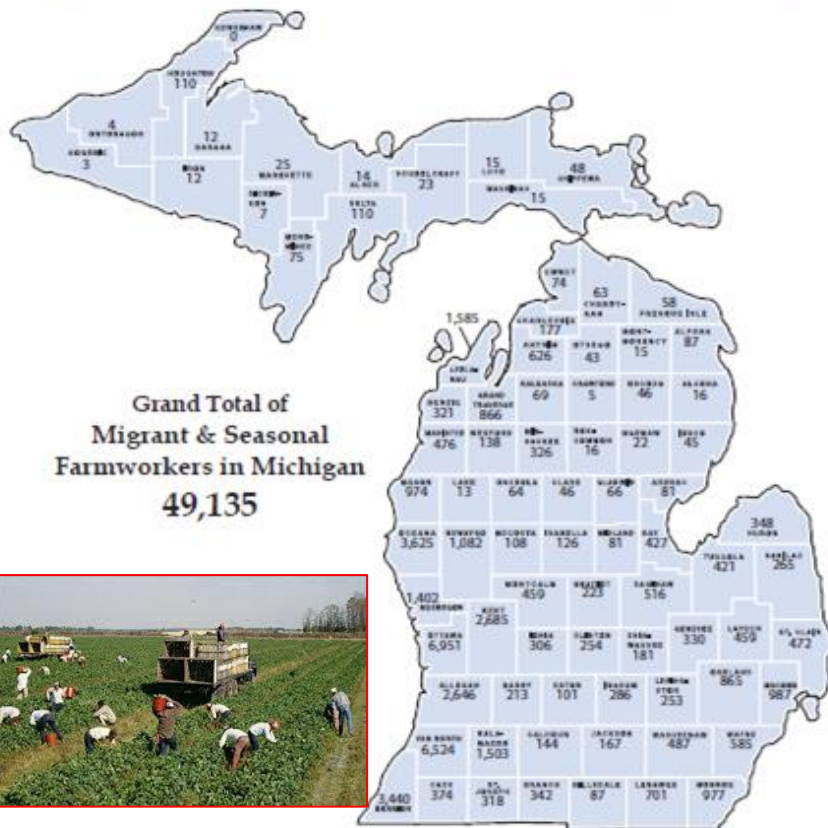
NOTE: The grand total includes reforestation workers statewide = 625.

Source: MI-MSFW Enumeration Profiles Study, June 2013.

Map Two: Michigan Estimates For MSFW Workers & Nonworkers by County

Grand Total of
Migrant & Seasonal
Farmworkers & Nonworkers
in Michigan
94,167

NOTE: The grand total includes reforestation workers and nonworkers statewide = 1,200.

Source: MI-MSFW Enumeration Profiles Study, June 2013.

SNAPSHOT
OCEANA COUNTY, MICHIGAN

Oceana top three areas of agriculture production (by volume of sales):

❏ Fruits, tree nuts, and berries

❏ Vegetables, melons, potatoes, and sweet potatoes

❏ Hogs and pigs

Census at a Glance:
- ❏ Population: 26,442
- ❏ Race:
  White non-hispanic 81.8%
  Black 1.1%
  American Indian 1.6%
  Hispanic/Latino 14.9%
  (state average: 4.8%)
- ❏ Percentage of Spanish-speakers: 11% *(state average: 8.9%)*
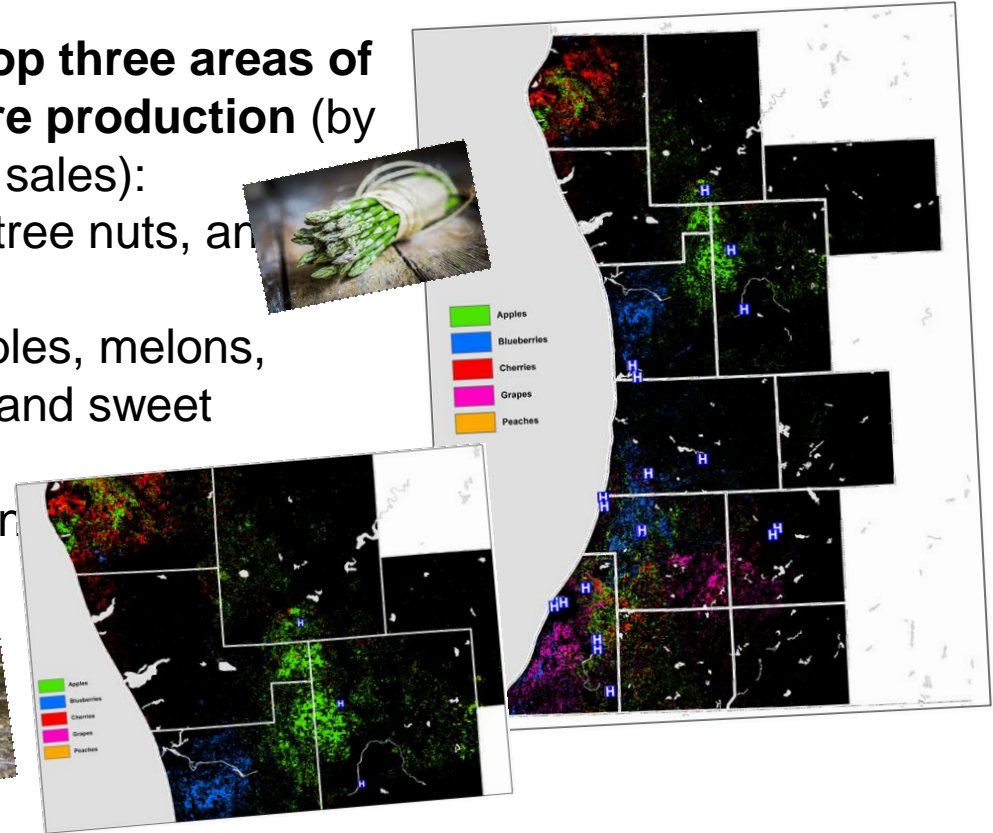
Social Determinants of Health:

HISPANIC HEALTH IN THE U.S.

1 out of 6

Hispanics have diabetes, but new research reveals Mexican families have a heightened risk compared to South Americans or Cubans.

Children from Puerto Rico or Dominican Republic are at higher risk for asthma than a child from El Salvador.

Hispanics are at higher risk for type 2 diabetes than non-Hispanic Caucasians.

Source: diabetes.org

❏ Social inequality (race, ethnicity, language)
❏ Economic factors (income, employment, wealth)

❏ Social & Physical Environment (housing, social cohesion, transportation, political influence, air/water quality)

Neighborhood and Built Environment

Economic Stability

Health and Health Care

SDOH

Education

Social and Community Context

Differences in the **10** leading causes of death, NON-HISPANIC WHITES vs HISPANICS

Non-Hispanic Whites	Hispanics
1 Heart Disease	1 Cancer
2 Cancer	2 Heart Disease
3 Chronic Lower Respiratory Diseases	3 Unintentional Injuries
4 Unintentional Injuries	4 Stroke
5 Stroke	5 Diabetes
6 Alzheimer's Disease	6 Chronic Liver Disease & Cirrhosis
7 Diabetes	7 Chronic Lower Respiratory Diseases
8 Influenza & Pneumonia	8 Alzheimer's Disease
9 Suicide	9 Influenza & Pneumonia
10 Kidney Diseases*	10 Kidney Diseases*

*Types of kidney diseases–Nephritis, Nephrotic Syndrome & Nephrosis

SOURCES: Vital Statistics Cooperative Program, Mortality Data Files, 2013.

❏ Individual health behaviors (smoking, alcohol, drug abuse)

Health Disparities by race and ethnicity

Appendix 4: Health Disparities Report Card

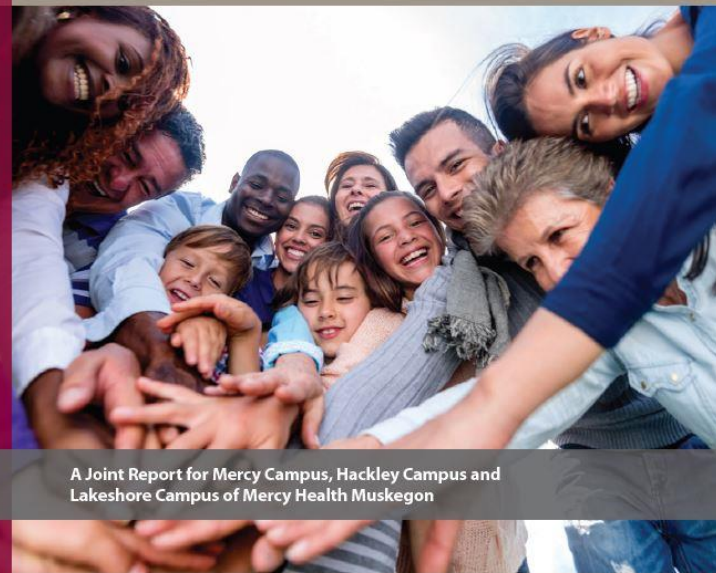2016 Community Health Needs Assessment 41

Community Health Needs Assessment

A Snapshot of the disparities in Muskegon, Oceana and Newaygo Counties

Pathways to Community Health

2016 Community Health Needs Assessment for Muskegon, Oceana and Newaygo Counties

A Joint Report for Mercy Campus, Hackley Campus and Lakeshore Campus of Mercy Health Muskegon

HEALTH PROJECT
A COMMUNITY BENEFIT MINISTRY OF MERCY HEALTH

MERCY HEALTH

2013 CHNA Data

The expanded 2013 *Community Health Needs Assessment* (CHNA) included Muskegon, Oceana and Newaygo Counties, which comprise the service area of Mercy Health Muskegon. The health needs and concerns identified by the CHNA process included identifying ten key issues in Muskegon County and the combined Oceana/Newaygo Counties. Of all the issues identified in 2013, the following were the leading health concerns ranked by community stakeholder groups:

MUSKEGON COUNTY

1. Obesity
2. Diabetes
3. High blood pressure
4. Depression
5. Sexually transmitted diseases and teen pregnancy
6. Access to dental care
7. Need for preventive care
8. Nutrition education/access to healthy food
9. Need for health coverage
10. Smoking

OCEANA/NEWAYGO COUNTIES

1. Diabetes and preventive care
2. Obesity, high blood pressure and need for community care coordination
3. Better patient-provider communication
4. Transportation
5. Cardiovascular disease
6. Lack of dental care
7. Teen pregnancy and lack of specialty care and testing
8. Lack of primary care physicians
9. Need for after-hours urgent care
10. Depression

Although health issues were not ranked in 2009, a few health issues repeated from the 2009 CHNA: lack of health insurance, lack of dental care, depression, diabetes, teen pregnancy, high blood pressure/cardiovascular disease and obesity. On these issues, notable trends in all three counties from 2009 to 2015 are:

- *Significant progress* — health coverage, obesity and cardiovascular disease (Oceana County)
- *Modest progress* — teen pregnancy
- *No change* — diabetes
- *Rates rose* — low birth weight babies, overweight and cardiovascular disease (Muskegon and Newaygo Counties).

CHNA Leading Health Conditions: Changes from 2013–2015

We have seen good improvements in health coverage in Muskegon County since 2013, but the rates of uninsured have climbed slightly in Newaygo and significantly in Oceana. Depression remains an area of concern, especially in Muskegon County where the reported rate increased significantly since 2013. Teen pregnancy declined in Muskegon and Oceana Counties, but increased in Newaygo County, which also saw an increase in reported cases of chlamydia. There have been some gains in the fight against obesity, especially in Oceana County, which may suggest that many may have dropped into the *overweight* data category, which has generally increased.

Leading Health Care Issues/Concerns (2016)

Leading Health Care Issues/Concerns: Oceana/Newaygo Counties

TOP FIVE

1. Access to specialty care
2. Access to primary care
3. Cardiovascular disease
4. Hypertension
5. Diabetes

SECONDARY FIVE

6. Health coverage
7. Cancer
8. Access to urgent care
9. Access to medication
10. Patient/provider communication

Additional Concerns

Although not ranked in the top ten health issues for the health system in the community input process, a variety of attendant concerns uniformly surfaced throughout the tri-county area as well. It may be that as our community addresses and progresses with some highly ranked issues from the 2013 CHNA, other health concerns rise to the top ranks for 2016. Obesity, smoking, language services, access to healthy foods, dental care and teen pregnancy may be examples. As reflected in our low ranking in the University of Wisconsin 2015 County Health Rankings, this does not imply that these issues are no longer health concerns in our community.

Health Disparities & Access to Care

Appendix 4: Health Disparities Report Card
Indicators for Oceana County

Indicators	Michigan Total	County Total	African American [2]	Hispanic [2]	White [2]	Source
Oceana						
Population	9,888,640	26,570	106	3,629	22,327	2010 Census
Health Indicators						
Premature Death: years of potential life lost before age 75 per 100,000 population (age adjusted)	7,273	8182	NA by race/ethnicity	NA by race/ethnicity	NA by race/ethnicity	2012 UW County Health Rankings
Infant Mortality: ratio of infant deaths per 1,00 live births in specified group	7.5	5.2	NA by race	NA by race	4.9	MDCH, 2009
Low Birthweight: ratio of low weight babies (5.5 lbs) per 1000 live births	84.4 (2010)	85.2 (2010)	N= too small	N= too small	81.8 (2009)	MDCH
Poor Mental Health Days: % poor mental health days on at least 14 days in the past month	10.70%	12.30%	NA by race/ethnicity	NA by race/ethnicity	NA by race/ethnicity	MIBRFS, 2010
Poor Physical Health Days: % reporting poor physical health on at least 14 days in the past month	108%	14.3%	NA by race/ethnicity	NA by race/ethnicity	NA by race/ethnicity	MIBRFS, 2010
Diabetes: proportion of adults with diabetes	9.5%	12.70%	NA by race/ethnicity	NA by race/ethnicity	NA by race/ethnicity	MIBRFS, 2010
STD [4,5]: # of reported cases of Chlamydia in 2010	NA	55	N = too small	N = too small	45	MDCH, 2012
STD [4,5]: rate p/100K identified cases of Chlamydia in 2010	457 [4]	207	N = too small	N = too small	173.8	MDCH, 2012
Preventable Hospital Stays: rate for ambulatory-care conditions p/1000 Medicare enrollees	74	69	NA by race	NA by race	NA by race	2012 UW County Health Rankings
Teenage Mothers: Teen birth ratio per 1000 live births in specified groups	100.9	120.9	N= too small	N= too small	128.9	MDCH, 2010
Adults and Children Served at CMH: number of patients served at CMH	NA	2300	85	91	2006	CMH, 2010
Social Determinates of Health						
No Health Care Coverage: Percent report no healthcare coverage among those aged 18-64	11.7%	14.4%	N= too small	36.3%	11.2%	ACS [6], 2008- 2010
Unemployment: % of population age 16+ unemployment seeking work	13%	9.3%	N= too small	N= too small	9.7%	ACS, 2008- 2010
Household Income: Median Household Income in the past 12 months	$46,861	$39,043	N= too small	$27,031	$39,346	ACS, 2008- 2010
Poverty [7]: % of households whose income in the past 12 Months below poverty level	15.7%	19%	N= too small	50.5%	14.2%	ACS, 2008- 2010
Single Parent Households [7]: % of male/female householder with no spouse present and children under 18	6.5% (08-10)	5% (08-10)	6.6% (07-09)	4.3% (07-09)	3.4% (08-10)	ACS, 2008- 2010
Michigan High School Graduation Rate [8]: High School Graduate for all public schools in the state of Michigan	74%	85% [8]	57%	63%	80%	See footnote #8
Household Receipt of Food Stamps: with cash public assistance or food stamps/SNAP	550,975	1409	N= too small	N = too small	1,264	ACS, 2008- 2010

[1] Data Based on most recently published data available including 2010 Census (ACS, 3 year moving average) and BRFS (including MDCH Reports using 3 year moving averages) unless otherwise noted)

[2] Muskegon and Ocean race represented by definitions on U.S. Census

[3] Data not available by ethnicity. Hispanics are included as "other" classification

[4] Michigan Disease Surveillance System, MDCH, Data retrieved 5/25/12

[5] STD reporting more consistent in public health sector. Data may not accurately represent disparity as private providers may not be reporting to MDCH

[6] ACS means American Community Survey

[7] Percent of Population Segment

[8] Center for Educational Performance and Information, Fall '05 - Fall '11. Local rates not available by race/ethnicity

[9] 2012 UW County Health Rankings

Ranking and Prioritizing the findings

Oceana and Newaygo County Health System Rankings

Two ranking sessions were held in Oceana County that included health and human service providers serving the resident and migrant communities in Oceana and Newaygo Counties. The top five and secondary five issues selected for the health system to take the lead role on for Oceana and Newaygo Counties are as follows:

Health System Rankings: Oceana/Newaygo Counties

TOP FIVE

1. Access to specialty care
2. Access to primary care
3. Cardiovascular disease
4. Hypertension
5. Diabetes

SECONDARY FIVE

6. Health coverage
7. Cancer
8. Access to urgent care
9. Access to medication
10. Patient/provider communication

Health Issue Rankings for Public Health and Community Sectors

Public Health Sector

The top five issues selected for public health to take the lead role on are:

Health Issue Rankings: Public Health Sector

MUSKEGON COUNTY

1. Teen pregnancy
2. Overweight
3. Lack of mental health providers
4. Low birth weight babies
5. Women's reproductive health

OCEANA/NEWAYGO COUNTIES

1. Obesity/overweight
2. Teen pregnancy
3. Health care coverage; STDs/chlamydia (tied)
4. Low birth weight babies
5. Depression/anxiety

Community Sector

The top five issues selected for the community to take the lead role on are:

Health Issue Rankings: Community Sector

MUSKEGON COUNTY

1. Transportation
2. Depression and social isolation
3. Access to healthy food
4. Physical fitness
5. Senior isolation

OCEANA/NEWAYGO COUNTIES

1. Obesity/overweight
2. Binge drinking, youth and adults over 65
3. Depression/anxiety
4. Teen pregnancy
5. Transportation

MERCY HEALTH LAKESHORE

Health Data (2016)

Indicator	Muskegon County	Oceana County	Newaygo County	Michigan	United States	Source
Diabetes						Michigan Department of Health and Human Services, 2016 (MI only)
Incidence per 1,000	11.1	10.3	11.1	10	9.1	Centers for Disease Control and Prevention, 2012 & 2016
Cardiovascular Disease						Centers for Disease Control and Prevention, 2013 (U.S. only)
Ever Told Angina or Coronary Heart Disease	4.70%	1.80%	4.20%	5.01%	11.30%	Michigan Behavior Risk Factor Survey, 2012
Asthma						Centers for Disease Control and Prevention, 2013 (U.S. only)
Current Asthma Prevalence (18+)	16.70%	5.40%	17.00%	15.18%	7%	Michigan Behavior Risk Factor Survey, 2012
Teen Pregnancy						Michigan Department of Health and Human Services, 2015 (MI only)
						U.S. Department of Health and Human Services, 2013 (U.S. only)
Rate per 1,000 live births	59.4	57.8	70.3	38.2	26.5	University of Wisconsin Community Health Ranking, 2015
Low Birth Weight						
Low Birth Weight babies (< 5.6lbs) per 100 live births	8.6	6.3	6.6	8.3		University of Wisconsin Community Health Ranking, 2015
Vaccination						
Flu Vaccination, Annual	77.40%	72.20%	72.20%	66.20%	NA	Michigan Behavior Risk Factor Survey, 2012
STD						
Gonorrhea: New Cases	202	2	3	NA	NA	Centers for Disease Control and Prevention, 2012
Chlamydia: New Cases	1194	64	117	NA	NA	University of Wisconsin Community Health Rankings, 2014
HIV/AIDS						Michigan Department of Health and Human Services, 2014
Prevalence	160	NA	NA	18,800	1,200,000	Centers for Disease Control and Prevention, 2013 (U.S. only)
Cancer						
Annual Deaths from All Cancers/100k of Population	109.9	160.6	200.2	NA	NA	National Vital Statistics System, 2011
Injury						
Deaths from unintentional Injury/100k of population	46.7	52.7	48.6	NA	NA	National Vital Statistics System, 2011
Alcohol Use						
Binge Drinking in the past month (18+)	21.70%	21.60%	17%	17.70%		Michigan Behavior Risk Factor Survey, 2012
Excessive Drinking in the past month (18+)	23.00%	22.20%	19%	18.90%		Michigan Behavior Risk Factor Survey, 2012
Obesity						
Obese (BMI >30)	35.50%	35%	35.30%			University of Wisconsin Community Health Rankings, 2014
Overweight (BMI 26-29)	34.60%	23.70%	30%	34.35%		Michigan Behavior Risk Factor Survey, 2012

Mental Health

2015 Consumer Health Issues Survey: Respondents Reporting Mental Health Illness from 2015 Consumer Health Issues Survey

Diagnosis	# Muskegon Responses	% of Total Muskegon Responses	# Oceana Responses	% of Total Oceana Responses	# Newaygo Responses	% of Total Newaygo Responses	# Total Responses	% of Total Responses
Schizophrenia	46	2.05%	2	0.72%	9	8.82%	60	2.40%
Depression	699	31.18%	139	50.36%	33	32.35%	871	35.40%
Anxiety	385	17.17%	146	52.90%	8	7.84%	739	30.00%
Bi-Polar Disorder	213	9.50%	30	10.90%	16	15.68%	259	10.51%
ADHD	269	12.00%	57	20.65%	14	13.73%	340	13.80%
Autism	45	2.00%	10	3.62%	8	7.84%	63	2.56%
Intellectual and Developmental Disabilities	49	2.19%	7	2.54%	4	3.92%	60	2.40%
Substance Abuse	138	6.16%	16	5.80%	6	5.88%	160	6.49%
PTSD	84	3.75%	24	8.70%	12	11.76%	120	4.87%
Other Mental Health Disorder	66	2.94%	23	8.34%	4	3.92%	93	3.78%

Oceana Health Status

Risk Behaviors

Current cigarette smoker: 21.5%, 29.1%, 22.0%
Former cigarette smoker: 23.9%, 26.1%, 26.5%
Heavy drinker: 3.6%, 7.7%, 6.4%
Binge drinker: 9.5%, 16.0%, 19.0%

Inadequate fruit and vegetable consumption (< 5 times per day): 85.5%, 83.3%
Sometimes/often don't have enough to eat: 7.5%, 11.7%
No leisure time physical activity: 43.9%, 32.6%, 24.4%
Obese: 32.5%, 32.2%, 31.1%
Overweight: 35.0%, 33.9%, 34.7%
Healthy weight: 32.0%, 31.7%, 32.6%

■ Oceana ⊞ DHD#10 ▨ Michigan

Source: District Health Department #10 Behavioral Risk Factor Survey, 2014-2015 (County and District results)
Michigan Behavioral Risk Factor Surveillance System, 2014 (Michigan comparison)

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Oceana County
Community Health Needs Assessment Summary

District Health Department #10

Health Issues:
Access to care
Chronic diseases
Health disparities
Healthy lifestyles
Maternal/child health
Mental health
Substance abuse
Tobacco use

Top Three Health Issues Identified by Key Community Stakeholders

Access to Care

Chronic Disease

Healthy Lifestyle

Overweight and obese	No leisure time physical activity	Diabetes, adults	Primary Care Physicians	<5 fruits and vegetables/ day
67.5%	43.9%	14.8%	1,870:1	85.5%

What Matters to You? Community Member Survey Results

Top factors that define a healthy community?	• Access to health care, including primary care, specialty care, behavioral health, or dental care • Access to affordable, healthy food • Good jobs and healthy economy
Top health problems in your community?	• Substance abuse (alcohol, illegal drugs, prescription drugs) • Overweight and obesity • Mental health issues
Problems family members have getting health care services?	**Adults:** • Health insurance has high deductibles/co-pays • Cannot afford visits to doctor, dentist, clinic, and/or hospital • Health insurance coverage is limited	**Older Adults:** • Health insurance has high deductibles/co-pays • Health insurance coverage is limited • Health insurance does not cover dental services	**Children:** • Health insurance has high deductibles/co-pays • Health insurance coverage is limited • ER waiting time

1. Collaborate to unite resources for community
2. Develop and promote mind and body wellness
3. Enhance the wellbeing of families
4. Build opportunities to connect community to resources
5. Increase transportation options to community resources
6. Connect community to housing resources and advocate growth
7. Create employment opportunities for all abilities and increase workforce readiness
8. Create activity for healthy lifestyles

Community Conversation: Goals Identified by Key Stakeholders

Health Disparities Reduction Coalition formed
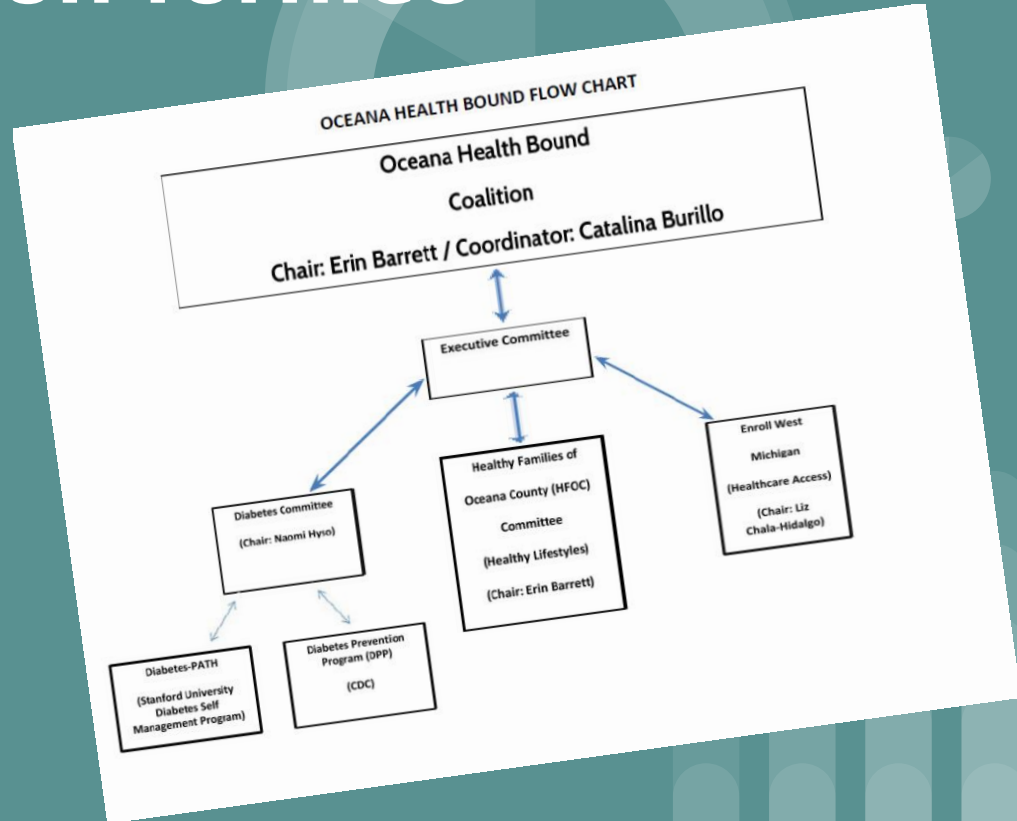
What we are doing?

Continuing to Identify Ways to Overcome Health Disparities

1. Impact a broad range of services by inviting new and diverse members to the coalition

2. As a result of implementing these initiatives, the overall program outcomes that will occur:

   "Through the establishment and enhancement of partnerships to mobilize Spanish-speaking community chronic health issues and developing community education and training, the anticipated vision of health outcomes for those with chronic illness will emphasize keeping them healthy and dramatically improving their overall health."

Some Goals have been:

- Goal: to get 3 bilingual lay leaders trained ▢goal achieved *(we now have 4)*

- Goal: to provide two six-week D-PATH courses for Spanish speaking populations in a year's time ▢ Achieved *(provided 3)*

Helping our community access services

1. Mobile screenings for health issues such as high blood pressure, diabetes, etc.

- Goal: hold a health fair for MSFW's at annual Farmworker Appreciation Night (FAN) event ▢ Achieved *(on 8/22/18)*

Rx for Health

MI PATH

PATH (Personal Action Towards Health)

Participants in PATH workshops may have one or more chronic health condition
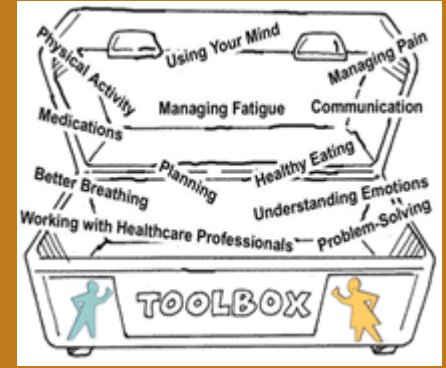
Programs include: PATH, Diabetes PATH, and Chronic Pain PATH

MI PATH

- Six week series, 2.5 hrs. per session
- Facilitated by two trained & certified leaders
- Small group community setting
- Participants are given "tools" to help manage their own health
- Group discussion, problem-solving and brainstorming activities
- Weekly Action Plans

Diabetes PATH- Session Overview

Session1

- Introduction
- What is diabetes?
- Monitoring
- Healthy Eating

Session 2

- Problem-Solving
- Menu Planning
- Dealing with Stress

Session 3

- Feedback
- Preventing Hypoglycemia
- Making decisions
- Physical Activity and Exercise

Diabetes PATH- Session Overview

Session 4

- Dealing with Difficult Emotions
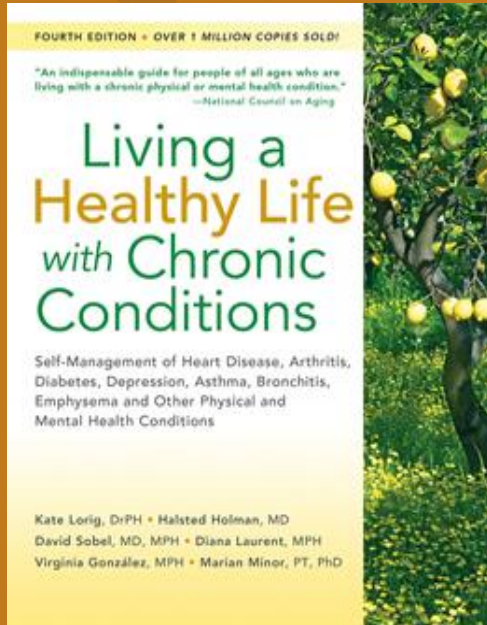- Food Choices & Menu Planning

Session 5

- Dealing with Depression
- Positive Thinking
- Relaxation Body Scan
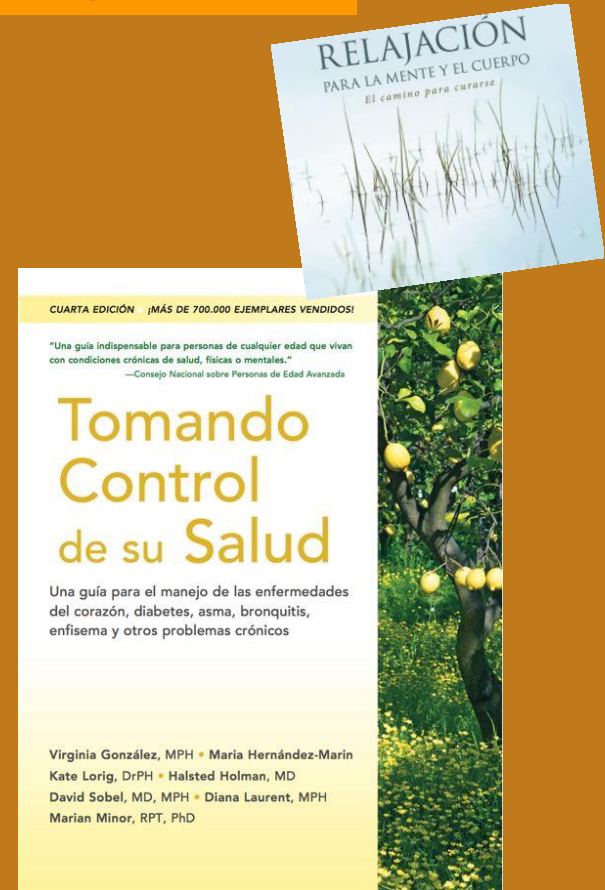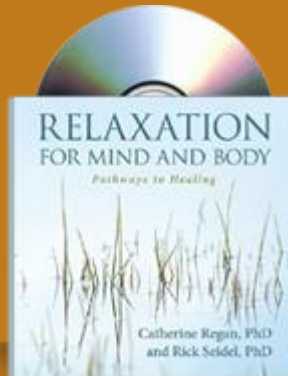- Communication Skills
- Endurance Activity

Session 6

- Strategies for Sick Days
- Foot Care
- Medication Usage
- Working with Your Health Care Professional
- Planning for the Future

Participants Booklet & Relaxation CD

"Yes, hello, I'd like a refund on my body. It's kinda defective and really expensive."

— anyone with a chronic illness

Diabetes PATH in Spanish

Vivir bien con diabetes!
El Programa de Manejo Personal de la Diabetes de la Universidad de Stanford

Toma control de su salud! Crearon este taller interactivo en la universidad de Stanford para ayudar a la gente que padece diabetes o que cuida a alguien que padece diabetes. Hará que su vida se mejore enormemente.

Detalles

En este taller GRATIS, se aprenderá técnicas como:

➢Comunicarse con los profesionales de salud y participar más activamente en su cuidado

➢Controlar los síntomas de su condición de salud

➢Comer de una manera sana

➢Crear un plan de acción como una herramienta clave del manejo personal

➢Comunicarse mejor

➢Relajarse para manejar el estrés

Precio: GRATIS!

Ubicación: en el Hospital de Mercy (Shelby) ubicado en 72 S State St, Shelby, MI 49455

Fecha: cada martes entre el 25 de septiembre y el 30 de octubre 2018

Hora: 6:00-8:30 pm

Se proporcionará una pequeña comida saludable.

Para más información o para registrarse, favor de comunicarse con Catalina Burillo al 231-672-3365.

Partners / Supporters:

MSU EXTENSION

HEALTH PROJECT
A COMMUNITY BENEFIT MINISTRY OF MERCY HEALTH

SeniorResources
Our Name. Our Focus.

Oceana Hispanic Center

LIONS INTERNATIONAL

community foundation

Achieving our Goal:

Statistics cont'd from: Spanish D-PATH courses:

	Course 1	Course 2	Course 3
Ever been told had any chronic conditions by a health professional?	93% yes 6% no	90% yes 10% no	100% yes
Household size (mean)	2.77	3.2	5
Highest level of education completed	83% less than hs 8%+ graduated hs 8%+ some post-secondary	50% less than hs 20% some hs 20% graduated hs 10% some post-secondary	29% less than hs 14% some hs 29% graduated hs 14% graduated post-secondary 14% no answer

Statistics cont'd from: Spanish D-PATH courses:

	Course 1	Course 2	Course 3
Monthly household income	21% less than $1000 29% $1000-$1249 14% $1250-$1599 7% $1600-$1999 29% more than $3000	20% less than $1000 20% $1000-$1249 20% $1600-$1999 10% more than $3000 30% no answer	14% less than $1000 28.5% $1000-$1249 28.5% $2000-$2999 29% no answer
Has medical insurance	85% yes 15% uninsured	80% yes 20% uninsured	57% yes 29% uninsured 14% no answer
Type of insurance	Of those insured: 36% Medicare 18% ACA 18% Private Insurance 27% Public Aide	Of those insured: 10% Medicare 60% Private Insurance 20% Public Aide 10% not specified	Of those insured: 43% Medicare 43% Private Insurance 14% Public Aide

Pre & Post-Survey Results:

	Pre	Post
1) How does exercise help your blood sugar?	89% ▲ 11% ▼	89% ▲ 11% ▼
2) Which one is the best way to take care of your feet?	89% ▲ 11% ▼	94% ▲ 6% ▼
3) What is a retinal exam?	89% ▲ 11% ▼	89% ▲ 11% ▼
4) Carbohydrates (starches & sweets) break down in your body to what?	78% ▲ 22% ▼	72% ▲ 28% ▼
5) How often in the last week have you felt overwhelmed by living with diabetes?		33% ▲ 56% (m) 11% ▼
6) Do you know of healthy ways to handle the stress related to your diabetes?		33% ▲ 67% (m)
7) When you need it, do you feel you can ask for support on how to live with and take care of your diabetes?		33% ▲ 67% (m)

Pre & Post-Survey Results cont'd:

8) Do you feel you can ask your doctor questions about your treatment plan?	22% ▲ 78% (m)
9) Do you feel you can make a plan with goals that will help control your diabetes?	89% (m) 11% ▼
10) In the last week, how many days did you eat three or more servings of vegetables low in carbohydrates, such as tomatoes, lettuce, and carrots?	44.4% ▲ 44.4% (m) 11% ▼
11) In the last week, how many days did you exercise for at least 30 minutes?	44.4% ▲ 33.3% (m) 22.2% ▼
12) In the last week, how many days did you test your blood sugar?	22% ▲ 78% (m)
13) In the last week, how many days did you take your diabetes medication as ordered by your doctor?	11% ▲ 89% (m)
14) In the last week, how many days did you check your feet?	44.4% ▲ 44.4% (m) 11% ▼

2018 FAN Event Results

- # of people screened: 39
- # of Blood Pressure checks: 38
- # of A1C tests run: 30
- # people who received A1C Tests: 23
- Total number of A1C test results given: 14
- # of Pulmonary Function tests: 22

16th Annual Farmworker Appreciation Night Event (8/22/18)

Collaboration: Working Together
Meet some of our Community Partners

Blood pressure and A1C screenings

Pulmonary Function screenings

Volunteers included staff from: *Mercy Health: Mary Welsh, Quality Mgmt Mgr, Karen MacWilliams, RN & Hybrid Care Mgr, Emma Johnston, Community Health Worker and Cynthia Powers, Program Mgr; *OCCOA: Vicki Platt, RN; *Lions Int'l - District 11E1: Bill Bradfield

2018 Diabetic Health Fair cont'd – Eye Care Partners (Cuidado Ocular)

2018 Diabetic Health Fair cont'd – Foot Care Partners (Cuidado de los Pies)

2018 Diabetic Health Fair cont'd – Mental Health Partners (Salud Mental)

2018 Diabetic Health Fair cont'd – Physical Fitness Partners (Actividad Física)

2018 Diabetic Health Fair cont'd – Oral Health Partners (Salud Oral)

Northwest Michigan Health Services Inc. (FQHC)

2018 Diabetic Health Fair cont'd – Health Dept Partners (Dpto. de Salud)

Kim Rendon (WIC) & Kortni García (Oceana LEADS)

Ana Torres (Community Health Worker) & Kate Donaldson (Public Health Educator)

2018 Diabetic Health Fair cont'd - Other Partners

MSU Extension

Health Project - Mercy Health

Extension's Role

- ❖ **Cooperative Extension System**
- ❖ **Provides outreach education to citizens**
- ❖ **Functions as a partner of the Land Grant System**

The Structure of the Land Grant University

Morrill Act -1862 — TEACHING
Hatch Act - 1887 — RESEARCH
EXTENSION
Smith – Lever Act - 1914

AgriLIFE EXTENSION

FIRST OF THE LAND-GRANT COLLEGES
1855 1955
MICHIGAN STATE COLLEGE
PENNSYLVANIA STATE UNIVERSITY
3¢ UNITED STATES POSTAGE 3¢

COOPERATIVE EXTENSION
1914-2014
100
SMITH-LEVER ACT
EXTENDING KNOWLEDGE CHANGING LIVES

USDA NIFA
United States Department of Agriculture
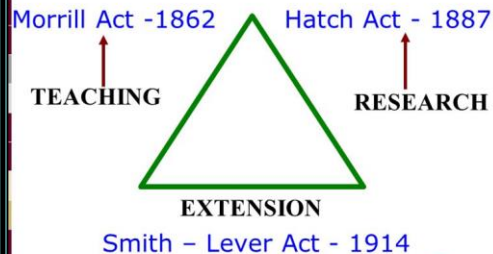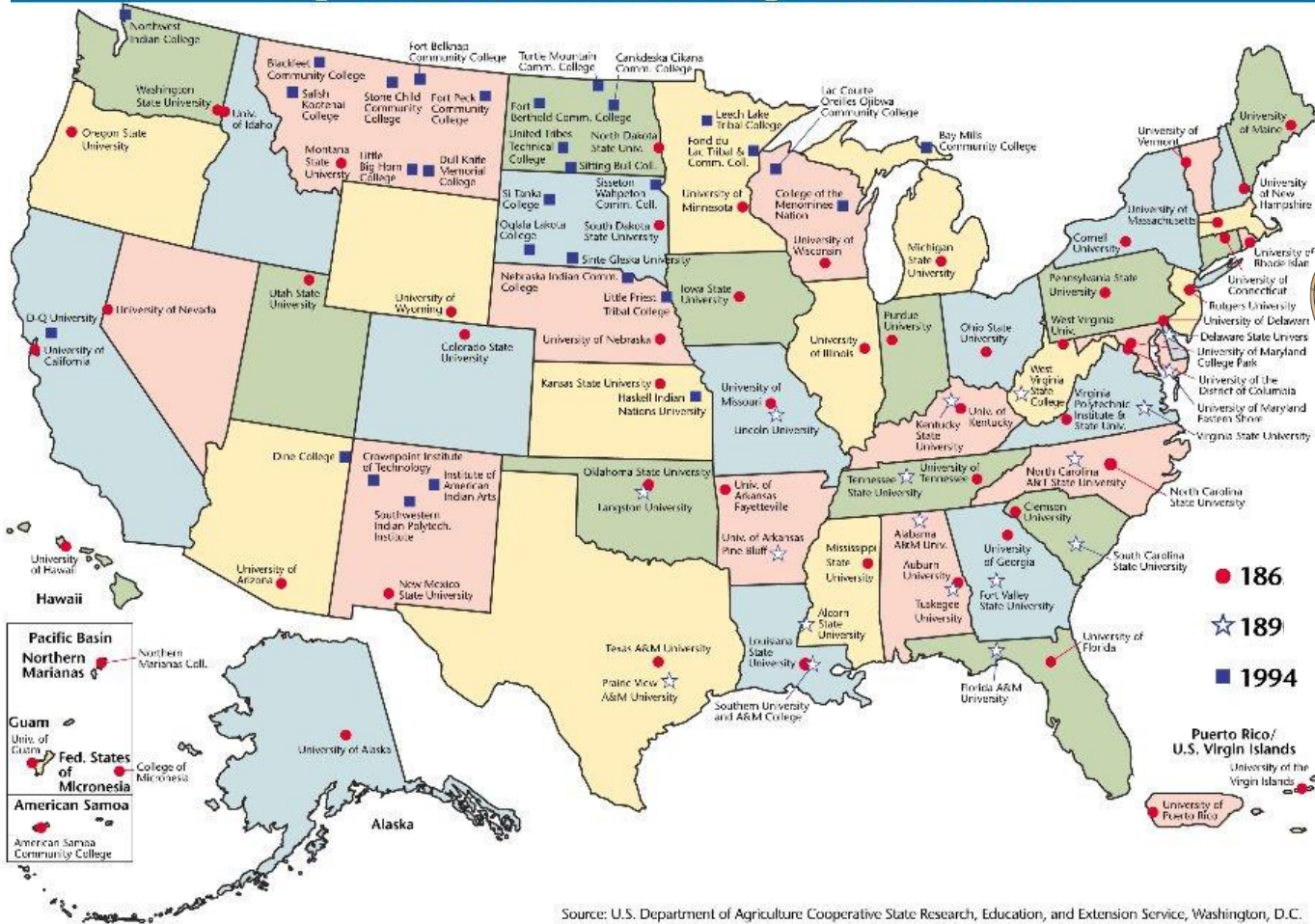National Institute of Food and Agriculture

Figure 1: U.S. Land-Grant Colleges and Universities

Source: U.S. Department of Agriculture Cooperative State Research, Education, and Extension Service, Washington, D.C.
Based on U.S. Department of Agriculture map: m2783, June 2003

What is MSU Extension?

A statewide educational network that applies research and knowledge of a land grant institution(MSU) to individuals and communities.

What we do

MSU Extension staff throughout the state deliver high-quality, affordable education through focused and specialized programs serving the needs of children, youth, families, communities, and businesses across Michigan.

Our Mission

Help people improve their lives through an educational process that applies knowledge to critical issues, needs and opportunities.

MSUE Disease Prevention & Management (DPM) Work Team

The mission of the DPM work team is to reduce the risk and incidence of chronic diseases including diabetes, across Michigan.

OUR IMPACT

- **Increased consumption and knowledge of healthier foods.**
- **Increased physical activity.**
- **Improved self-rated health scores.**
- **Increased ability to manage chronic health conditions.**

Other MSUE DPM Programs in Spanish

QUESTIONS

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