

## Grant Outcomes Report

### Improving Diabetes Outcomes for Queens' South Asian Community

#### The Problem:

South Asians have the highest rate of Type 2 diabetes among ethnic groups in New York City.<sup>1</sup> More than 210,000 South Asians live in New York City—primarily in Queens.<sup>1</sup> The risk of serious complications from this disease can be reduced with the active involvement of patients in managing their disease. In the South Asian community, immigration status, lack of health insurance, mistrust of the health care system, and language and/or cultural barriers all hinder optimal diabetes control. Several studies have highlighted the importance of culturally and linguistically appropriate diabetes education materials to teach patients how to manage their condition, even when faced with these barriers.

Beth Israel Medical Center's Gerald J. Friedman Diabetes Institute's (Friedman Institute) leadership met with key stakeholders in the South Asian community to discuss culturally and linguistically appropriate health interventions for people with diabetes. As a result of these discussions, the Gerald Friedman Institute is addressing the diabetes epidemic in the South Asian community through a dynamic model of diabetes prevention and disease management—the Queens/South Asian Action for Diabetes Education Programs and Treatment (ADEPT). The program's mission is to improve care and reduce risk of serious complications for patients with diabetes, with an emphasis on the South Asian community.

Beth Israel Medical Center's Gerald J. Friedman Diabetes Institute was funded as part of a set of grants under the New York State Health Foundation's (NYSHealth) 2007 request for proposals (RFP), *Setting the Standard: Advancing Best Practices in Diabetes Management*. The goal of *Setting the*

<sup>1</sup> "South Asian" includes individuals who have immigrated from or trace ancestry to Bangladesh, Bhutan, India, Pakistan, Nepal, and Sri Lanka, and includes diaspora communities in the Caribbean and Africa. Data from the New York State Department of Health.

#### KEY INFORMATION:

**GRANTEE**

Beth Israel Medical Center's  
Gerald J. Friedman Diabetes Institute

**GRANT TITLE**

Queens/South Asian Action  
for Diabetes Education Programs  
and Treatment

**DATES**

January 2, 2008–March 21, 2010

**GRANT AMOUNT**

\$245,861

**FUNDING**

Setting the Standard RFP

*Standard* was to move New York State's primary care system to adopt and spread best practices in disease management, and establish them as the universal standard of care for patients with diabetes. At the time, multiple diabetes management programs already existed throughout New York State, along with established collaboratives aimed at maximizing the impact of these programs. Thus, the Foundation expected the grants made under the RFP to advance these programs and build systemwide capacity to support, sustain, and institutionalize these efforts. The Chronic Care Model—a highly respected and accepted framework for approaching the improvements sought through this initiative—was a major reference point in the RFP; however, the Friedman Institute sought to improve diabetes outcomes by implementing a project that was outside of the delivery care system.

## Grant Activities & Outcomes

Through ADEPT, the Friedman Institute sought to do the following:

- train primary care providers in American Diabetes Association (ADA) standards of care;
- provide patients with direct access to diabetes educators;
- increase public awareness so patients will seek ADA standards of care; and
- create community support for disease management within a South Asian Cultural Context.

The Friedman Institute recruited nine medical providers from Queens who serve a significant number of South Asian patients to participate in ADEPT's provider network. The Friedman Institute also hired two program staff members to work with the ADEPT provider network: a nurse who is also a certified diabetes educator (CDE) and a program coordinator—both of these staff members are from the South Asian community. These staff members were responsible for providing diabetes education in ADEPT's primary care provider offices, participating in community outreach activities, planning diabetes outreach activities, recruiting primary care providers to join the ADEPT network of providers, and assisting in the development of culturally and linguistically appropriate diabetes education materials.

The certified diabetes educator conducted a four-hour course on ADA Standards of Care for diabetes management for the providers and staff members who are part of the ADEPT network. The course comprises four one-hour sessions, which take place in the provider's office over a four-month period.

As a member of the ADEPT network, providers referred all patients with diabetes to the CDE from the Friedman Institute for one-on-one diabetes management education. The CDE was stationed at

member offices twice a month for three months. ADEPT successfully provided approximately 400 South Asians with diabetes education and self-management skills. The CDE helped identify barriers to self-management, such as using outdated glucose testing machines. The CDE suggested—and a majority of the patients switched to—new glucose monitors that are portable and easy to use, thus enhancing disease self-management. Several of ADEPT's providers have reported that their patients are managing their diabetes and attributed their patients' ability to do this to working with the CDE.

Patients who were unable to participate in the one-on-one education sessions were encouraged to attend the diabetes management workshops offered at the Friedman Institute once a week. To ensure cultural and linguistic appropriateness, ADEPT's diabetes self-management education materials and flyers were translated into common South Asian languages.

The CDE and Program Coordinator also did public awareness work, such as speaking at local community-based organizations in Queens and attending health outreach events and providing free glucose testing, results consultations, referrals, and basic education. More than 1,100 individuals were reached through these events. The Friedman Institute also searched for and adapted resources and materials from other countries such as the United Kingdom, India, Pakistan, and Australia, and asked ADEPT partners to review the materials for accuracy and relevance to ADA guidelines.

ADEPT created a supportive community by developing partnerships with organizations, including Andolan, a South Asian domestic workers organization, the Center for the Study of Asian American Health at NYU Langone Medical Center, the Continuum Association of South Asian Physicians, Hindu Center of Flushing, the Indian American Forum, the New York Taxi Workers Alliance, the NYU Center for Immigrant Health, South Asian Council for Social Services, and the South Asian Health Initiative.

NYSHealth also supported an outside evaluation of 10 of the original *Setting the Standard* sites. In addition to observing whether each grantee advanced against



its proposed objectives, the evaluators also assessed how each grantee performed along dimensions of the Chronic Care Model (CCM). From the evaluator's perspective, inserting CDEs into physician practices was a good idea that merited further evaluation. While the Friedman Institute did analyze patient data and found that patients working with the CDE significantly lowered their LDL cholesterol and showed improvements in their HbA1c and triglycerides within the first three months of follow-up, the data for this evaluation were limited and needed further study. The outside evaluation team suggested that, in the future, the Friedman Institute should consider evaluating the impact and cost-effectiveness of the model. The strategy of inserting a CDE into a physician practice is a potentially good idea that should be more rigorously implemented and assessed. Such a study could evaluate how best to integrate a CDE into a practice and how to make such a staff member financially feasible.

## Future

The Friedman Institute's leadership has decided to incorporate ADEPT into a larger South Asian Health Initiative. An advisory board consisting of ADEPT providers and Beth Israel Medical Center administrators is in the initial stages of planning the initiative. As the initiative grows, ADEPT's community partners and patients will be invited to participate on the advisory board. To ensure the initiative's sustainability, the Friedman Institute will continue to work with existing collaborative partners and seek program support from corporations, foundations, and individuals. They are also in the process of applying for a grant through the National Institutes of Health to support a South Asian Planned Practice Based Research Network, which will further build ADEPT's provider network. But the program was unable to continue funding the CDE services beyond the NYSHealth grant.

## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

The Division of Endocrinology at Beth Israel receives 10,000 diabetes-related patient visits annually. A recent Division of Endocrinology survey revealed that 25% of the inpatients discharged from Beth Israel have diabetes. The division recently launched the Friedman Diabetes Institute with a leadership gift from the Gerald J. and Dorothy R. Friedman Foundation. The Friedman Institute is led by Dr. Leonid Poretsky, who heads the Division of Endocrinology and has a multi-disciplinary staff including nurse practitioners, certified diabetes educators, and nutritionists. The Friedman Institute is collaborating with the New York City Department of Health and Mental Hygiene and other community-based partners on Action for Diabetes Education Programs and Treatment (ADEPT), which seeks to improve clinical outcomes for minority diabetic patients in Upper Manhattan and the Bronx.

### GRANTEE CONTACT

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