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Diabetes Educators

Association of Asian Pacific Community Health Organizations

Background

Nearly eight percent of the U.S. population has diabetes—currently well over 23 million children and adults. And of this group, 5.7 million are unaware that they have what is now the fifth deadliest disease in America.

If left uncontrolled, diabetes leads to potentially catastrophic and costly health conditions. Fortunately, it is controllable through diabetes education, also known as diabetes self management education and training (DSME/T), which has been shown to improve health outcomes while also reducing health care costs for those with diabetes.

Though limited, studies indicate the prevalence of diabetes is two to four times greater among Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs) compared to non-Hispanic whites.

Issues

Few individuals with diabetes have access to DSME/T. Many are not referred, others do not have coverage as part of their health plan, and still others live too far from diabetes education programs.

For many AA&NHOPIs with diabetes, cultural and linguistic differences complicate the problem. Providing DSME/T to such a diverse population means taking a multi-faceted, linguistically tailored approach while understanding how to discuss and encourage self-care behaviors that are culturally influenced.

Unfortunately, most diabetes education program providers throughout the country are unable to bill for

such services and have difficulty sustaining them.

This poses a major public health issue because 95% of diabetes care is self-managed. People who have diabetes must learn and adopt (sometimes dramatic) lifestyle changes, all while monitoring glucose levels, diet, exercise, medications, and other measures of health. To aid those with this struggle, culturally appropriate DSME/T by a diabetes educator should be an essential part of their treatment plan.

Diabetes educators work with a team of multidisciplinary professionals to ensure that those who have diabetes (and those at risk) have access to culturally and linguistically appropriate health care and DSME/T. They coordinate DSME/T programs affiliated with primary care centers, such as community health centers, and work to ensure that members of the health care team are up-to-date with the latest information on diabetes care, prevention and education.

Recommendations

- * Improve access to DSME/T for all people with diabetes and at risk for diabetes.
- * Encourage all health plans to include DSME/T as a covered benefit.
- * Encourage community health centers and others who serve AA&NHOPIs populations to provide DSME/T programs that are ADA recognized or AADE accredited.
- * Urge Congress to pass the *Medicare DSME/T Act* as part of national health care reform. This act will deem Certified Diabetes Educators (CDEs) as providers of DSME/T under Medicare.