



Community Diabetes Screening

Indian Health Service Division of Diabetes Treatment and Prevention
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Is a Best Practice Community Diabetes Screening right for your diabetes program?

➔ Do you want your diabetes program to be better at:

1. Preparing for community diabetes screening?

Yes No

What you will be doing: Determining if local resources are available to screen and treat diabetes detected by screening ♦ Determining if qualified staff and personnel are available to perform testing ♦ Determining if stakeholders support community screening ♦ Coordinating screening activities with community leaders and health services ♦ Establishing a clinical referral system

Who will be doing it: Community program staff ♦ Health care providers ♦ Organization leaders

2. Identifying people at risk of developing diabetes?

Yes No

What you will be doing: Choosing a screening method, such as the American Diabetes Association Diabetes Risk Assessment (available for free at: www.diabetes.org/risk-test.jsp), capillary glucose (fingerstick), or plasma glucose (fasting or random) ♦ Referring high-risk people for blood sugar screening ♦ Conducting follow-up ♦ Assessing associated health risk and psychosocial factors

Who will be doing it: Community program staff ♦ Health care providers

3. Raising awareness about diabetes?

Yes No

What you will be doing: Conducting community campaigns ♦ Distributing newsletters ♦ Making community presentations about the importance of diabetes treatment and prevention

Who will be doing it: Community program staff ♦ Health care providers ♦ Organization leaders

4. Educating the community about diabetes?

Yes No

What you will be doing: Providing appropriate patient education materials for lifestyle behavior modification ♦ Describing diabetes, risk factors for diabetes, and the signs and symptoms of diabetes ♦ Describing how people can prevent diabetes and what to do if they have diabetes ♦ Using proven educational materials

Who will be doing it: Community program staff ♦ Health care providers

5. Implementing improvements throughout your health care system?

Yes No

What you will be doing: Developing informed consent protocols and procedures ♦ Ensuring accurate documentation and record-keeping of all screening activities ♦ Promoting routine communication of screening program activities with local clinical care facilities ♦ Implementing a recall and follow-up system for high-risk individuals with normal screening results ♦ Developing an integrated evaluation process to assess effectiveness and guide future development of program goals and objectives

Who will be doing it: Health care providers ♦ Organization leaders

➔ If you answered "Yes" to many of these questions, go to page 2 to learn how a Best Practice Community Diabetes Screening Program can benefit your diabetes program!

What is community screening?

Community diabetes screening is a systematic way to identify people who are high risk for developing diabetes or who already have diabetes but do not know it. These individuals can then be linked to effective prevention and treatment programs. Settings for community screening may include health fairs, powwows, or other community events.

Why is community screening for diabetes important to American Indian and Alaska Native communities?

- Community screening programs offer opportunities to identify people at high risk of developing diabetes, refer them to appropriate medical care for diagnosis, and follow-up with them to ensure they received appropriate care.
- Community screening programs can help increase community awareness of the seriousness of diabetes and its complications. It can also help educate community members on diabetes risk factors and when to seek medical assistance.
- Community screening programs can help community members identify the diabetes resources that are available to them in the clinic and the community.

If your program has decided to perform community screening...

...remember that screening results are not diagnostic for diabetes. All abnormal results should be referred to clinical care services for reassessment and further evaluation. Any individual with a blood sugar level over 200 mg/dl should be referred to a health care provider immediately. Any high-risk individual with a fasting blood sugar over 100 mg/dl or random blood sugar over 120 mg/dl should be referred to a health care provider and be seen within two weeks after the screening.

Some American Indian and Alaska Native communities feel that random screening is an important or useful strategy in their community-based diabetes programs. However, the American Diabetes Association (ADA) does not recommend random blood sugar screening even in high-risk populations. The ADA is concerned that people with a positive diabetes screening test may not seek and obtain the appropriate follow-up testing and care, or that people who have a negative diabetes screening test may not obtain appropriate repeat testing.



“Our program screens at powwows, grade schools, and colleges. I find that people want to learn about diabetes. They just want to talk about it.”

—Toni Williams,
Diabetes Education
Coordinator,
Salt Lake City
Indian Walk-In Center

A Best Practice Community Screening Program will require a coordinated approach. Here are some tips on how health care providers, community programs, health care administrators, and tribal leadership can work together.

➔ Working together to improve community screening programs:

1. Who can help?

Ask for and enlist support from: Health care providers with an interest and expertise in diabetes screening and diabetes care ♦ Public health professionals ♦ Community health representatives ♦ Local businesses, such as grocery stores, senior centers, and casinos ♦ Recreation centers ♦ Schools ♦ Community and tribal leaders ♦ Community health care service programs

2. Why is it important to work together?

Working with clinic, community, and leadership partners will help you answer the following questions: Are local resources available to screen for diabetes? ♦ Are local resources available to treat diabetes detected by screening? ♦ Are qualified staff or personnel available to perform testing? ♦ Is there support from tribal leaders, clinical care staff, and other community stakeholders?

3. How can you work together?

Work with your partners to choose an appropriate screening method: American Diabetes Association Diabetes Risk Assessment questionnaire ♦ Capillary blood sugar (fingerstick) ♦ Plasma blood sugar (fasting or random)