Prevalence of Hypertension, High Cholesterol, and Diabetes by Chronic Disease Regions and IPHARM Event Sites

24 Event Sites

656 adult participants

- Male: 29%
- Female: 71%

Chronic Diseases & Risk Factors

- Hypertension: 41%
- High cholesterol: 36%
- Diabetes: 21%
- Pre-diabetes: 13%
- Uses tobacco: 22%

High Blood Pressure

- BP > 140/90 mmHg*: 46%
- On BP meds: 36%
- BP referral**: 47%
- Provider referral***: 48%
- HCHC referral***: 1%

Facilitators

- State health department support - timely communication, guidance on the project, contacts, CONNECT training and troubleshooting system
- Blue Cross Blue Shield Care Van - contacts, support, and advertising the events
- American Indian Tobacco Specialists - facilitated seamless visits as supplies and space were ready to go for the event

*Among patients with HTN or on BP meds
**Year 1: for BP > 140/90 mmHg (N=89)
***Years 2-4: for BP > 140/90 mmHg (N=75)
IPHARM Results, continued

**ASCVD* Risk Score**
- Low-risk (< 5.0)
- Borderline risk (5.0-7.5)
- Intermediate risk (7.6-20.0)
- High-risk (> 20.0)

*ASCVD: Atherosclerotic Cardiovascular Disease

Excludes: Patients <40 years old or total chol < 130 mg/dL

- Year 1: 23% with ASCVD ≥ 7.6 received lipid referral
- Years 2-4: 91% with ASCVD ≥ 7.6 received provider referral

**High Cholesterol**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Year 1</th>
<th>Years 2-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Chol. ≥ 200 mg/dL*</td>
<td>27%</td>
<td>36%</td>
</tr>
<tr>
<td>LDL ≥ 100 mg/dL*</td>
<td>36%</td>
<td>44%</td>
</tr>
<tr>
<td>Trigs ≥ 150 mg/dL*</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>On lipid lowering meds*</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Lipid referral**</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Provider referral***</td>
<td>36%</td>
<td>36%</td>
</tr>
</tbody>
</table>

*Among those with Hchol or on lipid lowering medication
**Year 1 - Any elevated: total chol., LDL: low-density lipoprotein, or Trigs: triglycerides
***Years 2-4 - Any elevated: total chol., LDL, or triglycerides

**Diabetes/Pre-Diabetes**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Year 1</th>
<th>Years 2-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c 5.7-6.4%*</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>A1c ≥ 6.5%*</td>
<td>61%</td>
<td></td>
</tr>
<tr>
<td>A1c referral**</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Provider referral***</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>DSMES referral***</td>
<td>6%</td>
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</tr>
</tbody>
</table>

*Among those with diabetes or on diabetes meds
**Year 1 - For A1c ≥ 6.5%
***Years 2-4 - For A1c ≥ 6.5%

**Lessons Learned**

- Challenging to perform health events at a Powwow
- Holding indoor events avoids poor weather
- Some sites had people/staff unaware of the event
- Learned better techniques and methods for working with local contacts
- Modified and learned new ways to provide services under social distancing guideline
- Some may still not want to gather in groups for a wellness event

**Barriers**

- Communication issues - when trying to coordinate with local specialists and identifying the best time/setting for each event
- Lack of familiarity of contacts and expected process for events
- Some events not well advertised
- CONNECT System issues - unable to connect (WIFI issues), provider contact issues, etc.

**COVID-19 Impact (Year 2-3)**

- Constant rolling re-evaluation of multiple planned events
- Working with some independent pharmacies to develop protocols for in-person events
- Worked with individual employers to provide Workplace Wellness counseling using HIPAA-compliant Zoom meetings
- Some events were cancelled or postponed
- Increased precautions including: requiring masks, ensuring sufficient spacing at venues, rigorous scheduling to eliminate/decrease walk-ins and crowding, and thorough cleaning of stations between patients
- Pandemic limited IPHARM in-person events, educations, and travel
- Diminished capacity (students, travel, personnel) from the university administration