Expanding the National DPP Lifestyle Change Program through Faith, Food, Fitness, and Healthy Lifestyles

Magon Saunders, DHSc, MS, RDN, LD
Susan Van Aacken, MSPP
August 9, 2019

Magon M. Saunders
DHSc, MS, RDN, LD
Public Health Program Specialist
Program Implementation Branch
Division of Diabetes Translation
Centers for Disease Control and Prevention
Disclosure to Participants

• Notice of Requirements For Successful Completion
  – Please refer to learning goals and objectives
  – Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours

• Conflict of Interest (COI) and Financial Relationship Disclosures:
  – Magon M. Saunders, DHSc, MS, RDN,LD – Has No COI/Financial Relationship to disclose
  – Susan Van Aacken, MSPP – Has No COI/Financial Relationship to disclose

• Non-Endorsement of Products:
  – Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR of any commercial products displayed in conjunction with the educational activity

• Off-Label Use:
  – Participants will be notified by speakers of any product used for a purpose other than for which it was approved by the Food and Drug Administration

Disclaimer

The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.
Objectives

- Discuss the burden of diabetes and prediabetes in Americans, but particularly in African Americans.
- Describe the work of CDC-funded organizations working in the faith-based setting.
- Articulate lessons learned in efforts to prevent type 2 diabetes in the faith-based setting.
- Identify resources to support type 2 diabetes prevention activities in faith communities.
- Discuss potential next steps for educators and how to best partner with faith-communities.

Icebreaker – Faith and Diabetes!

Today, when it comes to working with faith communities, what’s ROCKING your world in the diabetes community?

Prediabetes and Diabetes: The Current Public Health Challenge

30 million Americans have diabetes
84 million American adults have prediabetes
8 out of 10 adults with prediabetes don’t know they have it

Current Projections of U.S. Cases of Diabetes by 2060
Diabetes in African Americans


African Americans and Diabetes

<table>
<thead>
<tr>
<th>Percentage of US Adults Aged 18 or Older with Diagnosed Diabetes, by Racial and Ethnic Group, 2012-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native (19.1%)</td>
</tr>
<tr>
<td>Asian (6.0%)</td>
</tr>
<tr>
<td>Hispanic (13.2%)</td>
</tr>
<tr>
<td>Black, non-Hispanic (12.7%)</td>
</tr>
<tr>
<td>White, non-Hispanic (8.4%)</td>
</tr>
</tbody>
</table>


Other African American Health Data

- The death rate for African Americans decreased by 25% from 1999 to 2015.

- But, African Americans ages 18-49 are 2 times as likely to die from heart disease than Whites.

- African Americans ages 35-64 years are 50% more likely to have high blood pressure than Whites.

- Young African Americans are living with diseases more common at older ages, such as diabetes, stroke, and high blood pressure.
Other Health-related Considerations

- African American women have the highest rates of being overweight or obese compared to other groups in the U.S. In some instances, this is culturally acceptable. (U.S. Department of Health and Human Services, Office of Minority Health, 2017. Obesity and African Americans. Retrieved from https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=25)


- Religiosity may reduce the risk for obesity in African American women. (Dodor, Robinson, Watson, et al., 2017)

- African American women have an emotional dedication to the symbolism of food derived from traditional cultural food practices passed down from generation to generation. (Sumlin & Brown, 2017)

- Tailored and culturally adapted programs can be beneficial in helping African Americans implement strategies to prevent type 2 diabetes.

What Might be the Role of Allostatic Load in Diseases that African Americans Face?

Stress, Environment, etc.

What is Allostatic Load?

- The allostatic load is the “wear and tear” on the body which grows over time when the individual is exposed to repeated or chronic stress.

- It represents the physiological consequences of chronic exposure to fluctuating or heightened neural or neuroendocrine response that results from repeated or chronic stress.

- The term was coined by McEwen and Stellar in 1993.

Allostatic Load and Health in African Americans

- African American women have a disproportionately higher risk of cardiovascular disease than White women, which may be explained by the uniquely higher allostatic load found in African American women.
- Participation in faith-based activities can reduce allostatic load.
- A significant reduction in allostatic load was also found after participation in a lifestyle intervention.
- More research is needed to determine how lifestyle behaviors and socioeconomic factors influence African American women.


---

An Overview of the National Diabetes Prevention Program

Largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!

---

National Diabetes Prevention Program

Reducing the impact of diabetes

Largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!
Overview of the National Diabetes Prevention Program

The National DPP relies upon a variety of public-private partnerships with community organizations, private and public insurers, employers, health care organizations, faith-based organizations, government agencies, and others working together to:


The National DPP Lifestyle Change Program

PROGRAM GOAL: Help participants make lasting behavior changes such as eating healthier, increasing physical activity, and improving problem-solving skills

Example modules covered in core curriculum:
• Eat Well to Prevent T2
• Burn More Calories Than You Take In
• Manage Stress
• Keep Your Heart Healthy

Sessions facilitated by a trained lifestyle coach

PARTICIPANT GOAL: Lose 5 – 7% of body weight

CDC Recognition

Recognition involves...

Key Activities

National Quality Standards
• DPP Standards and Operating Procedures (updated every 3 years)

Registry of Organizations
• Online registry and program locator map

Data Systems
• Data analysis and reporting
• Feedback/technical assistance for CDC-recognized organizations

Program Start

Program End

Weekly Sessions (6 minimum)

Monthly Sessions (3 minimum)

1-6

7-12

Months
CDC Investments in the National DPP

1705 Scaling the National Diabetes Prevention Program in Underserved Areas through multi-state networks
1815 Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke
1817 Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke

Priority Populations
- Men
- African-Americans
- Alaska Natives
- American Indians
- Asian-Americans
- Hispanics
- Pacific Islanders
- People with visual impairments or physical disabilities

Background
1705 funds 10 national organizations to start new CDC-recognized organizations in underserved areas and in at least three states. Recipients will reach and enroll at least 1,000 participants in the first year, with continued growth in years 2-5. Recipients will work with the general population and Medicare beneficiaries and also serve one or more of the following priority populations.

1705 Recipients and Priority Populations

<table>
<thead>
<tr>
<th>African Americans (AA)</th>
<th>American Association of Diabetes Education (AADE), American Pharmacists Association Foundation (APhA), Black Women’s Health Imperative (BWHI), Balm in Gilead, Inc. (Balm), Trinity Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indians</td>
<td>Healthsight, Trinity Health</td>
</tr>
<tr>
<td>Hispanic Americans</td>
<td>AADE, American Diabetes Association (ADA), APhA, BWHI, Healthsight, National Alliance for Hispanic Health (NAHH), Trinity Health</td>
</tr>
<tr>
<td>Medicare Beneficiaries</td>
<td>Association of Asian-Pacific Community Health Organizations (AAPCHO), AADE, ADE, APhA, BWHI, Balm, Healthsight, National Association of Chronic Disease Directors (NACDD), NAHH, Trinity Health</td>
</tr>
<tr>
<td>Native Hawaiians and U.S. Pacific Islanders</td>
<td>AAPCHO</td>
</tr>
<tr>
<td>Persons with Disabilities</td>
<td>NACDD</td>
</tr>
<tr>
<td>Men</td>
<td>AADE, ADA, APhA, BWHI</td>
</tr>
</tbody>
</table>
CDC Diabetes Prevention Recognition Program (DPRP) Data Snapshot

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Race/Ethnicity</th>
<th>Race/Ethnicity</th>
<th>Race/Ethnicity</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>37,241</td>
<td>Non-Hispanic Black</td>
<td>40,895</td>
<td>Non-Hispanic White</td>
</tr>
<tr>
<td>Other</td>
<td>47,542</td>
<td>Non-Hispanic White</td>
<td>197,012</td>
<td>Non-Hispanic White</td>
</tr>
</tbody>
</table>

Faith-based Organizations (FBOs) in the DPRP
- 14 organizations have identified as FBOs.
- 12 of these orgs have pending recognition status.
- Two have received preliminary recognition.
- These FBOs are located in AL, CA, FL, GA, IL, MN, MS, NC, NY, RI, SC, TX, and VA.
- This is an under-representation of FBOs in the registry.

Why do we need churches or other houses of worship among our National DPP program delivery sites?
Religion and Health are Connected......

- Health is a dynamic state of complete well-being—physical, mental, social, and spiritual—and not simply the absence of disease (Yach D., Report from the World Health Organization: Closing the gap in a generation: Health equity through action on the social determinants of health. 1998)

What are Faith-based Organizations?

- "FBOs can be characterized as organizations, with or without nonprofit status, that provide social services and are either religiously-motivated or religiously-affiliated" (Goldsmith S, Eimickle W.B, & Pineda C., (2006). Faith-based organizations vs their secular counterparts: A primer for local officials. Retrieved from https://www.innovations.harvard.edu/faith-based-organizations-versus-secular-counterparts-primer-local-officials)

- "FBOs with a health mission can be defined as trusted places of worship, nondenominational ministries, interdenominational and ecumenical organizations (churches, synagogues, temples, monasteries, mosques, and other houses of worship and natural centers for spiritual, emotional, and physical wellness, etc.) operating from or within a religious or spiritual setting and led by religious leaders with health commitments or by health professionals with faith commitments." (Saunders, 2019, proposed)

- "FBOs serve individuals, families, and communities, fostering spiritual, emotional, or physical healing for individuals and families aligning efforts to renew wholeness in the community. Under CDC’s 1705 cooperative, FBOs offer the National DPP lifestyle change program to their members/devotees and/or to the larger community." (Saunders, 2019, proposed)

Main Types of Faith-based Organizations

- Religious congregations
- Organizations sponsored by congregations
- Ecumenical interfaith organizations and/or national networks
- Freestanding religious organizations, which are incorporated separately from congregations and national networks.

African Americans and Faith

- Historically, the Black Church has been the nucleus of life and health in Black communities.
- Fifty-three percent of African Americans visit a faith-based setting at least once a week.
- Mobilizing congregations to implement the National DPP lifestyle change program holds great promise.

Why A Faith-based Approach?

- "Faith in religious orders is not the answer for everyone, but everyone has a faith."
- "Faith is the ability to completely trust or show an unwavering confidence in another."
- "Our faith can be placed on a higher deity, upon ourselves, and/or upon the life of another."


Why Work with Faith-based Organizations?

- Builds community capital, since faith-based organizations are trusted entities.
- Increases access to community and clinical resources and support.
- Engages both clinical and community stakeholders in population health.
- Enhances capacity of both sectors to carry out their missions.
- Maximizes the collective impact of multiple clinical and community stakeholders who can contribute to population health.
Some Benefits of Faith Participation

- Increased life satisfaction. (Chida et al., 2009)
- Increases self-efficacy. (Quinn & Guion, 2010)
- Improved cardiovascular health. (Chida et al., 2009)
- Increases the ability to forgive. (Saunders et al., 2013)
- Improved mental health and lower depression scores. (Levin J., 2001)
- Lower C-reactive protein levels or inflammation. (Ferraro & Kim, 2014)
- Increased medication adherence. (Levin et al., 2005)
- Increase in telomere length. (Hill, Ellison, Burdette et al., 2016)

Health Benefits of Faith Communities

- Mormons in Utah have a 30% lower incidence of most cancers.
- Seventh Day Adventists have from 10 to 40% fewer hospital admissions for epidermoid and nonepidermoid malignancies.
- Regular church attendees in Washington County, Maryland, have 40% less risk from arteriosclerotic heart disease.


A Great Faith and Health Observation—Do you Agree?

- “Having a strong faith and being embedded in a web of relationships formed by churchgoing have definite health benefits,” said Dr. Lisa Berkman, an epidemiologist at the Yale University School of Medicine.
Important Role of Faith Communities

- **Spread the word** about diabetes and prediabetes; dispel myths.
- **Provide access** to credible information.
- **Create healthy** environments.

Create Healthy Environments

- Increase access to healthy foods and drinks.
- Increase access to physical activity.
- Advocate for safe and healthy environments.

How Can FBOs Get Involved in the National DPP?

- **Option 1** - Promote health and awareness of prediabetes and the National DPP among congregants at risk for type 2 diabetes.
- **Option 2** - Screen, Test, and Refer to area CDC-recognized lifestyle change programs by hosting health screening events at church.
- **Option 3** - Offer the National DPP lifestyle change program at your church with a CDC-recognized organization partner, or as part of your health ministry.
Option #3: Offering the National DPP Lifestyle Change Program at your FBO

Is your organization ready to offer the National DPP lifestyle change program?

Requirements:
- Use of a CDC-approved curriculum
  - You can use a curriculum developed by CDC, or you can develop your own or use that of another organization (with permission), as long as CDC approves it.
- Ability to begin offering the lifestyle program within 6 months of receiving approval from CDC
- Capacity and commitment to deliver the program over at least 1 year, including at least 16 sessions during the first 6 months and at least 6 sessions during the last 6 months
- Ability to submit data on participants’ progress – including attendance, weight loss, and physical activity – every 6 months
- Trained lifestyle coaches who can help build participants’ skills and confidence to make lasting lifestyle changes
- Designated individual(s) to serve as the program coordinator

Other Considerations: Program Sustainability
- Is my organization well-positioned to do this?
- Does your organization have access to a large number of people at high risk for type 2 diabetes and the ability to offer at least 1 class cohort every year?
- If no to either of the above, consider partnering with another CDC-recognized organization to offer a class at your location
Find a CDC-recognized Organization Near You
https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

An Example of How Faith Communities Fit in the National DPP

One Vision for Prediabetes Action At Church
Local Action by:
- Urban Health Resource (UHR) in Detroit, MI
  - UHR is the CDC-recognized organization (full recognition).
  - The insurer, Priority Health, is reimbursing as of 2019 for delivery at the church site.
- Rosedale Park Baptist Church Detroit, MI
  - Rosedale Park Baptist Church is a host location for National DPP lifestyle change program classes.
  - With support from:
    - Black Women’s Health Imperative (BWHI) funding via CDC, 2014-2017. Rosedale sustained classes after CDC funding ended.
Once participants are recruited and enrolled, what does a lifestyle coach do if we agree to host the program?

Find the things that inspire your group to work together and peak their interest in activities they enjoy.

Champions and Current and Former Participants

Participant testimonials may be used during the service to inspire others to join the class.

Testimonials also help participants stay committed, because others are watching their progress.

Work creatively to inspire and measure success
Ending the class in a hustle

Or a stretch...

And....showing what a fried fish sandwich really looks like
Switch to a healthy Thanksgiving!

Low fat grilling gets male participants involved

Creating an atmosphere of healthy peer pressure at the church
Healthy habits extend to Sunday School

Research shows that when people stay in the year-long program, they lose weight

Analysis of data has offered insights on promising practices to keep people in the program for a full year:

- **Information Session**: Organizations that held an information session / introductory session (e.g., "Session Zero") to recruit participants had higher overall attendance, higher attendance during months 7 – 12, and longer participant duration in the year-long program.

- **Self-Referral / Word of Mouth**: Organizations that used self-referral or word-of-mouth recruitment strategies were more likely to see an increase in attendance of African American participants over the year-long program.

- **Barrier to Participation**: Organizations that used strategies to address participant barriers, such as providing free or reduced-price childcare or transportation, were more likely to have higher participant attendance during months 7 – 12 and to have longer participant duration in the year-long program.

DPSC 2013 Year 1 / Year 2 Data as of September 30, 2015, Year 3 data as of June 2017
Lessons Learned from National Organizations

Lessons Learned and Promising Practices

• Engage Pastors and key church influencers (e.g. First Ladies, Health Ministry Leaders, Parish Nurses, etc., early in the process.

• Educate Pastors to familiarize them with the National DPP lifestyle change program.

• Engage Pastors as National DPP champions.

• Coordinate with other health promotion programs so that the church leaders and congregations are not overwhelmed.

Lessons Learned (continued)

• Engage former attendees as coaches or as National DPP champions across the church.

• Develop and share short, easy to understand, but consistent messages.

• Start small, and make gradual changes to the church's food and exercise culture.

• Consider offering additional healthy activities such as walkathons, shopping tours, etc. that support the program to engage and retain participants.
NATIONAL DPP RESOURCES TO ENHANCE YOUR FAITH-BASED EFFORTS

National DPP Customer Service Center
NationalDPPCSC.cdc.gov

Purpose: Provides a hub for resources, training, and technical assistance for CDC-recognized program delivery organizations and other National DPP stakeholder groups

Find Resources and Info
• Quickly and easily find resources and events relevant to your needs (tools, training videos, webinars, etc.)
• Discuss opportunities and challenges with the National DPP community

Receive Technical Assistance
• Engage with technical assistance coordinators and subject matter experts via the web-based platform or email
• View the status of and update existing technical assistance requests

Provide Feedback and Input
• Submit feedback on your satisfaction with the technical assistance, resources, and web-based platform
• Share success stories and suggest additional resources

Take Away Messages

01/ RAISE AWARENESS of prediabetes and the National DPP
• www.cdc.gov/diabetes/prevention/prediabetes-type2

02/ REFER PEOPLE at risk to a CDC-recognized lifestyle change program
• www.cdc.gov/diabetes/prevention/lifestyle-program

03/ OFFER THE PROGRAM by working with a CDC-recognized organization
• www.cdc.gov/diabetes/prevention/lifestyle-program
Window of opportunity for embedding the National DPP lifestyle change program in church health ministries.

Selected References

References Cont’d


Acknowledgements

The presenters would like to acknowledge the support of several CDC colleagues as well as staff at the Black Women’s Health Imperative and the Balm in Gilead in developing this presentation.

Magon Saunders hres@cdc.gov
Susan Van Aacken eq1@ncp.gov

Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
www.cdc.gov/diabetes

Thank You!
It's Question Time!