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:
  - Presenter: Natalie Blum, MPH - No COI/Financial Relationship to disclose
  - Presenter: Pamela Price, BS - No COI/Financial Relationship to disclose
  - Presenter: Angela F. Ford, PhD, MSW, Certificate in Gerontology - No COI/Financial Relationship to disclose
  - Presenter: LaQuisha Umemba, MPH, MSN, RN, CDE - No COI/Financial Relationship to disclose

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  - Participants will be notified by speakers to any product used for a purpose other than for which it was approved by the Food and Drug Administration

Natalie Blum
MPH
The National DPP working toward equal access for all populations at high risk for type 2 diabetes
Manager of Prevention
AADE
Chicago, IL
Health Equity Among African Americans in Diabetes Prevention

• The National DPP working toward equal access to the lifestyle change program for all populations at high risk for type 2 diabetes
• Review best practices for working with faith-based partners and creating culturally relevant educational materials
• Discuss lessons learned on addressing the growing health disparities for women of color
• Describe experience engaging and providing quality DPP programming tailored to African American populations

Diabetes Epidemic in African American Communities

• More than 2.8 million African Americans have diabetes
  o 12.7% percent of African Americans 18 or older have diabetes
  o 1.8 times as likely to have diabetes as non-Hispanic whites
• African Americans are more likely to have complications from type 2 diabetes
Who is at Risk for Prediabetes and Type 2 Diabetes?

- An estimated 84.1 million U.S. adults have prediabetes
- 38% of African Americans have prediabetes
  - Of those, only 10.5% are aware that they have the disease

Diabetes Prevention Program

Participants were randomly divided into one of three treatment groups:

- Placebo with brief lifestyle counseling
- Intensive one-on-one lifestyle modification program
- Medication (metformin 850 mg/twice daily)
How do we reduce racial and ethnic health inequalities?

We must work together to improve our health care to make high-quality, comprehensive, affordable, and accessible programs available to everyone.

National Diabetes Prevention Program

National Diabetes Prevention program – or National DPP – is a partnership of public and private organizations working to prevent or delay type 2 diabetes.

DP17-1705 Cooperative Agreement

Priority populations have been under-enrolling relative to their disease burden and risk factors.

• Expand national DPP infrastructure to close the enrollment gap
• Achieve 5-7% weight loss
• Reduce their risk for developing type 2 diabetes.

Overview of 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.

Year-long group-based program:

Phase 1 - Months 1-6: 16 sessions, usually held weekly to bi-weekly (over 26 weeks)

Phase 2 - Months 7-12: monthly sessions over 6-8 months (minimum 6; at least 1 session per month)
Understanding African American Audiences

- Characterizes and Cultural Understanding
- Education and Health Literacy
- Health Behaviors
- Trusted Sources and Influencers
- Media Habits
- Considerations for Messaging
- Proven Strategies

Pamela Price
RN, BS
Best practices for working with faith-based partners and creating culturally relevant educational materials

Public Health Deputy Director
The Balm in Gilead, Inc
Richmond, VA

History & Mission

Celebrating 30 years of service, the mission of The Balm in Gilead is to prevent diseases and to improve the health status of people of the African Diaspora by providing support to faith and other institutions in areas of program design, implementation and evaluation which strengthens their capacity to deliver programs and services that contribute to the elimination of health disparities.
The Balm In
Gilead
Strategic Areas
of Program
Implementation

Mobilization
Capacity Building
Training
Resource Development
Advocacy
Evaluation

Why Do We Do
This work?

Barriers, Barriers, Barriers

Socioeconomic
- Income
- Education
- Lack of Awareness

Cultural
- Unconscious Race/Color Interaction
- Stereotypes
- Lack of Cultural Competency

Environmental
- Limited/Poor Access to Healthcare
- Limited/Poor Access to Supportive Services
- Limited/Poor Quality of Care

#AADE
There is a profound relationship between faith and health, particularly in the African-American population. Studies have found that African-Americans are one of the most "religious" racial and ethnic groups in the US.

- African Americans and Religion
  - 75% say religion is very important in their lives, compared to 56% among the general US population.
  - More than half of African-Americans (53%) report attending religious services at least once a week, compared to 39% of the general population.
  - More than three quarters (76%) say they pray on at least a daily basis, compared to 58% of the general population.

Cultural Competency = Cultural Respect

- Understanding Others
- Intellectual Social Cultural
- Language
- Corporate Training
- Cultural Pop Culture
- Influence
Why is Cultural Competency Important in Addressing Health Disparities

• Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients
• Necessary to improve health outcomes and overall quality of care
• Helps to reduce racial and ethnic health disparities
• Certain aspects of culture have direct relationship to health behaviors thus impacts health statuses and risk factors associated with several chronic health conditions

Approaches to Culturally Appropriate Care

- Comprehensive and holistic integration of cultural competency practices and policies
- Cultural competence is an ongoing process
- Using community-participatory based approach in healthcare planning and delivery
- Utilizing Community healthcare worker model – it's a collaboratory and enage of faith-based healthcare coordinator and faith-based workers
- Intentional and meaningful diversity and inclusion of healthcare staff
- Expand access to healthcare services and resources through partnerships with faith and community-based partners to increase health promotion and utilization

Benefits of Faith and Community-based Partnerships

• Helps to address cultural barriers to engaging with at risk and/or underserved communities
• Faith and community leaders serve as "gatekeepers"
• Facilitates establishment of trust and relationship with marginalized communities
• Tangible, community impact
The SDFI is a national program of The Balm in Gilead. It is a 5-state faith-based project designed to expand access and utilization of the CDC’s PREVENT T2 program.

In partnership with local faith partners, healthcare providers, universities, and other key stakeholders, the SDFI supports and encourages communities and individuals to live healthier in mind, body and spirit.

Southeast Diabetes Faith Initiative

Five (5) SDFI Organizations (by state) each with faith-based affiliate program sites (by county)

FBO-DPP sites launched in 30 counties across 5 states (AL, GA, NC, SC, VA)

Target priority populations are African Americans and underserved communities

Developing Marketing Assets & Materials

- Branded SDFI Brochures, Referral forms, Informational One pages, Provider Packets
- Local radio buys on WKOM stations (Fall/Winter) with local pastors/key influencers
  - https://youtu.be/q8SzbAGBG8E
- Lifecoach/pastor newsletter
  - https://conta.cc/2Hmj4ST
- Social media (Groups for our affiliate sites/states) Geo-targeted Ads & Boosted Posts
  - https://www.facebook.com/sdfisc/
- Feature in our monthly newsletter
  - https://conta.cc/2Fx4HKv
Keys to Success

- Strong partnerships and relationships
- Consistent communication and engagement with key influencers within faith community
- Grassroots, faith-based mobilization approach
- Culturally tailored messaging with faith as central component

Questions & Comments

Thank You!

There is a Balm in Gilead!
**BWHI**

- Founded as the National Black Women’s Health Project in 1983.
- Dedicated to improving the health and wellness of our nation’s 21 million Black women and girls – physically, emotionally and financially.
- Top 3 Priorities: Maternal health, chronic disease prevention, reproductive and sexual health.

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**BWHI**

- BWHI lifestyle change program branded as Change Your Lifestyle. Change Your Life. (CYL2).
- 12 Master Trainers (male and female), including 2 who deliver the program and train coaches in Spanish.
- Priority populations: Black women and Latinas

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**BWHI PROVIDER NETWORK: EDGE**

Educate, Demonstrate, Guide, Empower

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Lessons Learned

• Focus on health equity.
• Stress is a major issue - Emotional wellness
• Not about the disparity – About what leads to the disparity.
• Language (words) is very important.
• Include in research/clinical trials.
• Must see themselves in the message.
• Empower women to recognize and address implicit bias.
• Lifestyle change must be addressed in the context of their lived experience, using a holistic and cultural lens.

Thank You!

For more information:
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Quisha Umemba
MPH, BSN, RN, CDE
Engaging and providing quality DPP programming tailored to African American populations
Diabetes Nurse Consultant
Texas Department of State Health Services
Diabetes Prevention and Control Program
Austin, Texas
Cultural and Social Considerations

• Use culturally-relevant (and appropriate) learning materials/curriculums
• Understand that social norms can help tailor messages and curriculum appropriately

Building Trust and Rapport

• Through Faith-based and religious organizations
• Through Community Health Workers
• Community-based groups

Encourage social connections

• Speed friending
• Accountability Partners
• Group based nutrition and fitness sessions
One Size Does Not Fit All!

• AA's do NOT all eat the same.
• Diet is most often influenced by culture, heritage, geographical area, food availability, storage, finances, health literacy, etc.
• Discuss the African diaspora and traditional foods associated with each major group.

Identify barriers specific to AA’s

• I’m NOT sweating my hair out!

Capitalize on missed opportunities

• Engage African American adults with diabetes beyond the biomedical approach.
  – Consider the psychosocial experiences of the persons with diabetes.
• For PWD’s that have difficulty keeping appointments, engage them in-between visits in more non-traditional ways (texting, telemedicine, phone calls, etc.).
Recommendations

• Engage African American PWD’s beyond the biomedical approach. Consider the psychosocial experiences of the persons with diabetes.
• Use AA CHW’s that can identify with and relate to the African American experience to build trust and rapport.
• Mobilize community-based partners to enhance the delivery of collaborative approaches that provide resources for diabetes care.

Recommendations...continued

• Identify and develop formal partnerships between AA churches and local providers/health care system.
• Engage AA’s in-between visits, especially if they are prone to missing appointments.
• Address barriers to physical activity and assist with modifying and tailoring interventions.

Recommendations...continued

• Encourage social connections among participants as social norms and customs have a big impact on self-management.
• Tailor nutrition education appropriately remembering not all AA diets are the same.
References

• See speaker notes section