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**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

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**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
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### 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

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**40.7 Million people in the United States identify as African American**

- o 12.7% of nation's total population

African American audiences represent a blend of cultures and traditions that reflect their diversity, rich history and ongoing ethnic adaptations

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### 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

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**Who is at Risk for Prediabetes and Type 2 Diabetes?**

**KNOW YOUR RISK FOR PREDIABETES**  
GET SCREENED TODAY

**African Americans are at higher risk for prediabetes.**  
Prediabetes means your blood sugar level is higher than normal, but not high enough to be diagnosed as diabetes. Having prediabetes puts you at higher risk for developing type 2 diabetes, a disease that comes with serious health problems. That's why it's important to know the risk factors.

- 45+ AGE IS A RISK FACTOR
- OVERWEIGHT
- FAMILY HISTORY OF TYPE 2 DIABETES
- PREGNANT WOMEN

**1 IN 3 ADULTS IN THE UNITED STATES HAS PREDIABETES.**

**90% OF THEM AREN'T AWARE THAT THEY DO.**

- An estimated 84.1 million U.S. adults have prediabetes
- 36% of African Americans have prediabetes
  - Of those, only 10.5% are aware that they have the disease

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**PREDIABETES CAN LEAD TO TYPE 2 DIABETES**  
That means you could develop other serious health conditions, including:

- BLINDNESS
- KIDNEY FAILURE
- HEART DISEASE
- STROKE
- LOSS OF TOES, FEET, OR LEGS

More than **800,000** African Americans in the US have **diabetic retinopathy**, a common cause of vision loss among people with diabetes.

**52%** of African American women in the US will develop pregnancy-related diabetes, called **gestational diabetes**.

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**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)

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**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 to everyone.

**NATIONAL DIABETES PREVENTION PROGRAM**

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## 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.

**REDUCING THE IMPACT OF DIABETES**

to bring together:

- CONGRESS AUTHORIZED CDC TO ESTABLISH THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP)
- CONGRESS AUTHORIZED CDC TO OFFER MEDICINE-BASED, COST-EFFECTIVE INTERVENTIONS TO PREVENT TYPE 2 DIABETES
- TO ACHIEVE A GREATER COMBINED IMPACT ON REDUCING 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.

Research shows structured lifestyle interventions can reduce the risk of type 2 diabetes in **HALF**

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## 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 )

A TRAINED LIFESTYLE COACH

CDC-APPROVED CURRICULUM

GROUP SUPPORT OVER THE COURSE OF A YEAR

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**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**



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**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

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**History & Mission**



**The Balm In Gilead, Inc.**  
(1992)

- The Balm In Gilead becomes the first non-profit with the exclusive mission to build the capacity of existing faith leaders and faith communities throughout the African Diaspora to address a major health issue.
- Prayer, Education, Advocacy Service

*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*

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### 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 has direct relationship to health behaviors thus impacts health statuses and risk factors associated with several chronic health conditions

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### Approaches to Culturally Appropriate Care

- Comprehensive and holistic integration of cultural competency practices and policies
- Cultural competency is an on-going process
- Using community-participatory based approach in healthcare planning and delivery
- Utilizing Community Healthcare Worker Model – this includes training and usage of faith-based healthcare coordinator and health ministry workers
- Expand access to healthcare services and resources through partnerships with faith and community-based partners to increase health promotion and utilization
- Intentional and meaningful diversity and inclusion of healthcare staff

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### 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

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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 encourage communities and individuals to live healthier in mind, body and spirit.

## SOUTHEAST DIABETES FAITH INITIATIVE



**BALM IN GILEAD**

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### 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

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## Developing Marketing Assets & Materials

- Branded SDFI Brochures, Referral forms, Informational One-pagers, Provider Packets
- Local radio buys on FM/AM stations (PAs, Interviews with local pastors/key influencers)
  - ✓ <https://youtu.be/g8StbAGBGSE>
- Lifecoach/pastor newsletter
  - ✓ <https://conts.cc/2Hm4ST>
- Social media (Groups for our affiliate sites/states) - Geo-targeted Ads & Boosted Posts
  - ✓ <https://www.facebook.com/sdfisc/>
- Feature in our monthly newsletter
  - ✓ <https://conts.cc/2Fp4Ntv>




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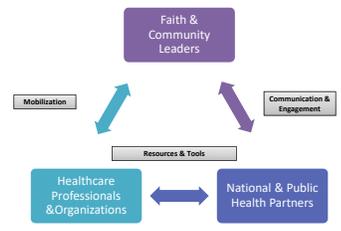
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### Keys to Success



- ✓ 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

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## Questions & Comments



### Thank You!

*There is a Balm In Gilead!*

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**Angela F. Ford**  
 PhD, MSW  
 Health Disparities & Women of Color:  
 Lessons Learned

Chief Program Officer  
 Black Women's Health Imperative  
 Washington, DC

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### BWHI

- Founded in Atlanta 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.
- **Priorities:** Maternal health, chronic disease prevention, reproductive and sexual health, breast and cervical cancer

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### BWHI

- Selected by CDC as one of the 6 original national organizations to launch the National Diabetes Prevention Program from 2012-2017. Funded again for 2017-2022.
- BWHI lifestyle change program branded as *Change Your Lifestyle. Change Your Life.* (CYL<sup>2</sup>).
- 12 Master Trainers (male and female), including 2 who deliver the program and train coaches in Spanish.
- **Priority populations:** Black women, Latinas and anyone 65 and older

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### **BWHI PROVIDER NETWORK: EDGE** **Educate, Demonstrate, Guide, Empower**

#### **Program Providers**

AM Health Services, LA  
 Black Women for Wellness, CA  
 Claiborne County Health Dept, MS  
 Fundamental Health Solutions, TN  
 Indiana Minority Health Coalition, IN  
 Outpatient Medical Center, LA

#### **Program Providers**

Perfect Lifestyle, TX  
 Rural Health Medical Program, AL  
 The Wellness Coalition, AL  
 Urban Health Resource, MI  
 Whatley Health Services, AL

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### Program Highlights

- Program delivered in English & Spanish
- Sponsored 195 classes @ 149 locations with 18 program partners
- Enrolled 2,756 participants (as of 7/1/19)
- Retention rates as high as 88%

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### Lessons Learned

- Must first establish trust and credibility.
- Focus on health equity instead of health disparities.
- Stress is a major issue - Emotional wellness must be a priority.
- Must see themselves in the message if the message is for them.
- Language used to communicate messages is very important.
- Empower women to recognize and address implicit bias.
- Lifestyle change must be addressed in the context and reality of their lived experience, and through a holistic and cultural lens.
- Include in research/clinical trials.

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### Thank You!

**For more information:**  
 Angela F. Ford, PhD, MSW  
 Chief Program Officer  
[aford@bwhi.org](mailto:aford@bwhi.org)  
 202.787.5923

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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

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**Cultural and Social Considerations**

- Understand that social norms can help tailor messages and curriculum appropriately
- Be culturally competent (relevant and responsive)

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**Encourage social connections**

- Speed friending
- Accountability Partners
- Group based nutrition and fitness sessions



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### Building Trust and Rapport



- Through faith-based and religious organizations
- Through Community Health Workers/Lifestyle Coaches that identify with population
- Through trusted community-based groups

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### One Size (Approach) Does Not Fit All!



- AA culture is influenced by
  - Tradition
  - Geographic area
  - Finances
  - Education
  - Cross-cultural integration
- Taken into account traditions and influences of your population

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### Identify barriers specific to AA's



**“I AM NOT sweating my hair out!”**

-(Most black women at least once in their lives)

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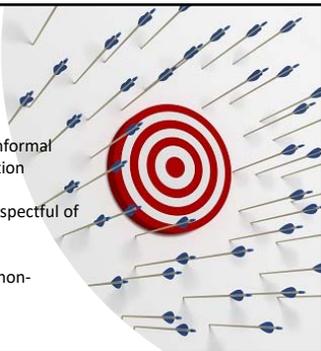
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### Capitalize on missed opportunities

- Consider culture when reconciling informal knowledge against medical information
- Be mindful of implicit bias and be respectful of the lived experiences of AA's
- Engage AA's in between sessions in non-traditional ways (phone calls, texts, telemedicine, social media, etc.).



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### Recommendations

- Consider social norms and lived experiences
- Encourage social connections
- Build trust and rapport
- Consider culture when reconciling informal knowledge against medical information
- Engage AA's in-between classes, especially if they are prone to missing sessions.
- Address barriers (individual and cultural) and modify interventions accordingly
- There is no "one size fits all" approach

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**References**

- See speaker notes section

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