A Community-Based Approach to Diabetes Prevention
Southern Prairie Center for Community Health Improvement (CCHI)

We believe that good health evokes purpose and value. Our solutions to health are original and community-based. Healthy lifestyle experiences, cultural liaison services, and trauma-informed care promote good health for all.
The Communities We Serve

Specific areas include:

- Multi-generational
- Cross-cultural
- Multiple languages
- Varied socioeconomic status
- Diverse ability levels
- Range of health needs

We learn with all people.
We serve all people.
“To administer medicines to diseases which have already developed and thereby suppress bodily chaos which has already occurred, is comparable to the behavior of those who would begin to dig a well after they have grown thirsty, or those who would begin to cast weapons after they have already engaged in battle. Would these actions not be too late?”

Chinese Yellow Emperor’s Classic of Internal Medicine (Circa 400 BC)
Community Need

Project Initiation:

- Preventative medicine
- **Health concern:** Type 2 Diabetes
- **Target population:** people at risk to develop prediabetes or a diagnosis of prediabetes
- Based on elevated blood glucose levels and/or CDC lifestyle risk factor questionnaire
- **Additional factors:** overcoming social determinates of health for access to health education
Community Need

**Diabetes Screenings**

**July - December 2015**

- **Total Screenings:** 219
  - Normal Screens: 125 (57%)
  - Abnormal Glucose: 63 (29%)
  - At Risk Paper Screens: 42 (19%)

**January 1 - December 31, 2016**

- **Total Screenings:** 302
  - Normal Screens: 144 (47%)
  - Abnormal Glucose: 95 (32%)
  - At Risk Paper Screens: 63 (21%)
First Initiative

I Can Prevent Diabetes (ICPD)
- 1 year long program
- 4 months of weekly meetings
- 8 months of monthly meetings

Goals
- 5% - 7% weight loss
- 150 minutes/week of physical activity
- Increased intake of fruits and vegetables
First Initiative

July-Dec 2015 screening:

- Total screened: 219
- Positive Screen/at risk: 94 (43%)

- Started ICPD: 52
  - 55% of at risk group
- Finished ICPD: 37
  - 71% of starting group
  - **39% of at risk group**
- Met ICPD goals: 20
  - 54% of ICPD participants
  - 21% of at risk group
How Do We Reach the Other 60%
Health is a full circle of good decisions.
The Problem

Healthcare professionals are beginning to understand that more often than not, evidence-based curricula are designed within a cultural vacuum. These courses do not take into account social determinants of health, such as socio-economic background, language learning, or cultural values.

For regions that are culturally, economically, and generationally diverse, it has become increasingly necessary to create an entirely new strategy for teaching basic principles of healthy living.
Why Should People Care?

The majority of these communities are facing many obstacles to change, but they know that change is necessary. That is why creating an alternative strategy is so important. Communities desire change, but the current system remains inaccessible.

If given an alternative to the curriculums that exist, the positive impact on public health would be incredibly significant. For example: if a population predisposed to diabetes participates in an engaging, accessible, and culturally relevant course on wellness, their quality of life has the potential to increase substantially.
Why Should People Care?

Ultimately, this compelling new strategy (if applied successfully across cultures, classes, and generations) could help whole communities improve their overall wellness. We believe that when you prioritize wellness, it grants clarity to all the things you value.
The Solution: eat better, move more

Our mission: We offer communities a new approach to wellness -- an engaging, accessible, and adaptable experience that encourages individuals to take ownership of their health and celebrate their successes.

Our vision: We desire to see communities take ownership of a lifestyle defined by self-awareness, intentional movement, and healthier eating.

Our brand promise: We promise to give learners the opportunity to experience a new perspective on personal wellness in an inclusive, respectful, and engaging environment.
Strategy

The focus of our strategy is authentic relationship. We want to meet people where they’re at; this means exercising empathy, flexibility, and humility in and outside class.

Facilitators are encouraged to adapt the curriculum as best fits their group of learners. The antithesis of our curriculum is the conclusion that health is equal to an ideal body shape; rather, we want the experience to be meaningful, for people to engage in wellness, enjoy it, and make it their own.
Strategy

Practically speaking, our success is measured in large part by the number of participants enrolled in our curriculum. Once learners are enrolled in the class, they participate as often as they are able. Learners will utilize the Wellness Tracker to map their progress, and at the end of the class, this quantitative data will help us measure the success of the curriculum.

The last week of class, we discuss what it means to celebrate well, and together we celebrate even the incremental changes they’ve made. After three-months, the class comes back together to discuss and celebrate changes they’ve continued to make and the effects they’ve noticed -- more energy, increased self-awareness, or any other positive differences.
Target Audience

Rather than being defined by a certain demographic or population, our strategy targets a given health circumstance. Our person-centered approach is applicable to all audiences -- the one defining factor would be their desire to pursue a lifestyle change in regards to their health.
Learner Acquisition

The process through which we acquire learners begins and ends with face-to-face interactions. Through our expansive health and social networks, we have access to a diverse array of community leaders in Southwestern Minnesota, including leaders of traditionally underserved communities such as Latinos, Somalis, and Karen. Part of our strategy is finding communities of individuals who already meet regularly, such as in churches, in support groups, and other social circles.
Core Values

Reciprocity/Humility/Respect
• Reciprocity is the natural give and take within a respectful, transformational relationship and learning experience that embraces humility and grace.

Potential
• Potential is the creation of chaos and confusion before meaningful and dynamic understanding can happen.

Inclusiveness
• Inclusiveness is the embracing of people and empathy for people as people without labels and value-judgements.

Celebration
• Celebration is the awareness of change (enlightenment) with gratitude after reflection.
Our Curriculum

In our story, we are the guide, not the hero. Rather, we seek to equip our learners to embrace the role of hero and ultimately take ownership of their wellness.

Designed around five key actions.

• Illustrate
• Recreate
• Kindle
• Animate
• Celebrate

Curriculum endorsed by a review panel of professionals.
Curriculum Approach

• Lesson 1: Illustrate Wellness
  • Setting goals
• Lesson 2: Recreate Nutrition
  • Healthy eating, planning & preparing
• Lesson 3: Kindle Mindful Movement
  • Intentional movement

• Lesson 4: Animate Wellness
  • Overcoming obstacles with strategies
• Lesson 5: Celebrate
  • Definition of celebration of change in you and others
Tools for lifestyle change
## Wellness Tracker

### Nutrition

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<tr>
<th>Carbs</th>
<th>Proteins</th>
<th>Fats</th>
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### Movement

| | | | | | | | | | |

### Water (H2O)

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Nutrition

Three Groups

Carbs: For Energy
Proteins: For Building the Body
Fats: For Body Functions

Serving Sizes

Carbs & Proteins - a handful or 1 cup
Fats - one spoonful
Movement

**Vigorous:** movements that make me sweat and breath hard

**Moderate:** movements that make my body feel warmer

**Light:** movements that make me feel calm and relaxed
Pilot Partners
Pilot Group

Our pilot group of community partners included:

- 15 Karen women and 1 man
- Age ranges 19-55
- A range of fluency in the English language
- Common cultural background
I Can Prevent Diabetes
and
Reimagine Wellness

Respond to each focus area by placing an X on the line.

- Attendance: 100% [ ] 0%
- Physical Body: Best Health [ ] Worst Health
- Stress Level: No Stress [ ] High Stress
- Learning: Many New Lessons [ ] Nothing New
- Lifestyle: Life Changing [ ] No Change

Three important lessons I learned include:

And if I could change something, it would be:
## Survey Results

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- **Attendance:** How frequently did you attend class?
  - 5 = 100%
- **Physical Body:** How healthy is your body?
  - 5 = Best Health
- **Stress level:** How much stress do you feel?
  - 5 = No Stress
- **Effect and Satisfaction:** How much did you learn during class?
  - 5 = The New Me
- **Lifestyle & Behavior:** How much has your lifestyle changed?
  - 5 = Life changing
## Survey Results

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- **Attendance:**
  - 6/8 > 80% attendance rate
- **Physical Body:**
  - 7/8 with moderate to low health
- **Stress level:**
  - 5/8 with little to no stress
- **Effect and Satisfaction:**
  - 6/8 described a better me
- **Lifestyle & Behavior:**
  - 7/8 felt a direction towards change
Feedback

Constructive Critiques:

• Incorporating nutrition and movement into every lesson instead of teaching each separately.
  • This may look like 45-50 minutes of intentional movement
  • A discussion on nutrition topics
  • A discussion on setting goals
  • Reflection including celebrating change

• To further cater to a predominantly non-English speaking community
  • The lessons need to be further simplified
  • It may be easier to learn if categories are condensed
  • The more simple pictures the better.
Feedback

Affirmative Critiques:

• The value of the nutrition lesson
  • new information about a topic that is not well understood
• Simplicity of categories, making healthier decisions and learning about the difference in food choices
• Hands on cooking and education were highly sought after in each lesson.
  • Made the material less abstract and more concrete for application

• The way to celebrate the last lesson would be the community partners running the class.
  • Adding their tradition and culture into what they have learned
• The learners become the teachers. The teachers become the learners.
Requests for Replication

- Requests from all over the 12 county area.
- Requests from other ACH grantees
- Part of analysis of backbone organizations for community health solutions
- Suggestions to assess outcomes in order to seek accreditation

- Excitement from the community
- Community partners and learners requesting training to become facilitators
Where Do We Go From Here?

CCHI: Population Health

Focus Area 1: Wellness Cultivation

• Tier 1: I Can Prevent Diabetes
• Tier 2: Reimagine Wellness
• Tier 3: Needs based wellness coaching

Purpose: Prevent or delay the onset of diabetes and other chronic disease through lifestyle change education.
Where Do We Go From Here?

In the future, we believe there is great potential in adapting the curriculum by making it more modular for professionals working with individuals in other fields, such as mental/behavioral health. There is also great potential for online classes (given the popularity and success of the curriculum), an eLearning module, and accountability forums.

Classes offered
- Face to face or virtually
- Online learning platform

Hosts include
- SPCC / CCHI staff
- Healthcare guest partners
- Community partners
Where Do We Go From Here?

Promotion and Recruiting
- Social Media Marketing
- Website Registration & Library
- The Cultural North
- Partner Promo
  - With minimal fee
- PH/IC/DDIS patients
  - Free access

Support: Dr. Alexandra, Advisory council, presentations

Current Funding
- Center for Prevention at Blue Cross and Blue Shield of MN

Future Funding
- Pfizer
- WalMart
- Merck
- Hearst
- Helmsley
Reimagine Wellness

eat better, move more