



Welcome to the
WALPEN Webinar Series

Louisiana's Health Initiative

Presenters

- **William Juzang, MEE Productions**

- Vice President of MEE Productions
- Implement initiatives that address issues that impact underserved populations in rural and urban settings
- Focus group moderator for qualitative and quantitative audience research projects



- **Pamela Weddington, MEE Productions**

- Vice President of Communications
- Oversees the development and production of various types of communication material
- Analyzes qualitative research data and translates into messaging that resonates with target audience





Incorporating Health Literacy for Diabetes Prevention and Management

Focus Group Research Presentation



Outline

- Cultural Competency
- Research Design
- Participant Snapshots
- Prediabetes and diabetes key Findings
- Recommendations for Healthcare Providers on ways to reach communities for DSMES and DPP programs that supports health equity as well incorporating health literacy



Cultural Competency

Point A: The Receivers' Worldview

The Social Determinants of Health (Disparities)

The 8 Variables (The Urban Context)

(The Reality of Low-Income Urban Youth/Adults/Community)

- The Streets
- Education/Public Schools
- Economics
- Health Care and Public Health
- Government (The System)
- Mass Media/Social Media
- Family/Community
- Mainstream, Dominant Society

Need to understand the audience in order to develop the messaging and tactics for health education.

Research Design

Methodology

- Six (6) Focus Groups with African-American Adults
- Participants lived in Shreveport and Lafayette
- Groups were moderated by MEE President (Ivan Juzang) and MEE Vice President (William Juzang)

Group	Group Demographics	# of Participants	Location
1	African-American Women	7	Shreveport
2	African-American Women & Men	7	Shreveport
3	African-American Women	5	Lafayette
4	African-American Women & Men	8	Lafayette
5	African-American Women (Program Participants)	2	Lafayette
6	African-American Women (Program Participants)	2	Shreveport

Research Design

The overall purpose of the research was to understand participants' lifestyles, thoughts on the healthcare services in their community and their diabetes knowledge. Participants were also asked to give their thoughts on how Well-Ahead Louisiana can increase awareness of prediabetes and the services available to people dealing with Type 2 diabetes.



Participant Snapshots: Pre-FG Survey

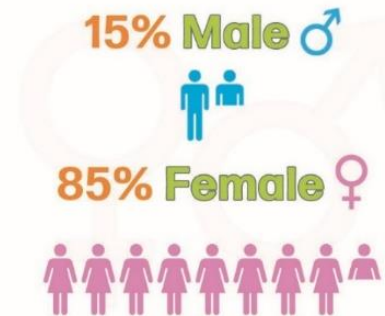
Average Age

49

Place of Residence



Gender



Self-Assessment of Personal Health



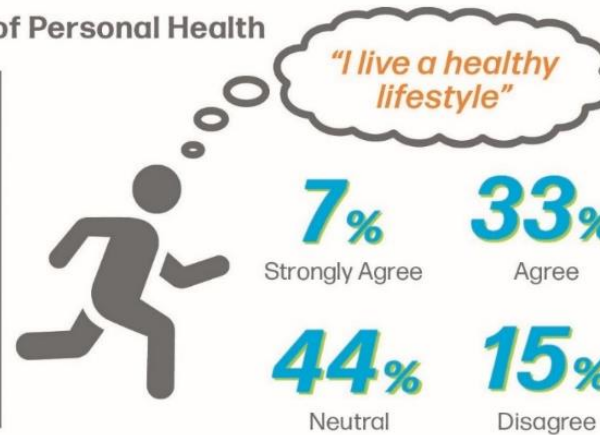
"My health is very important to me."

78%

Strongly Agree

22%

Agree



7%

Strongly Agree

33%

Agree

44%

Neutral

15%

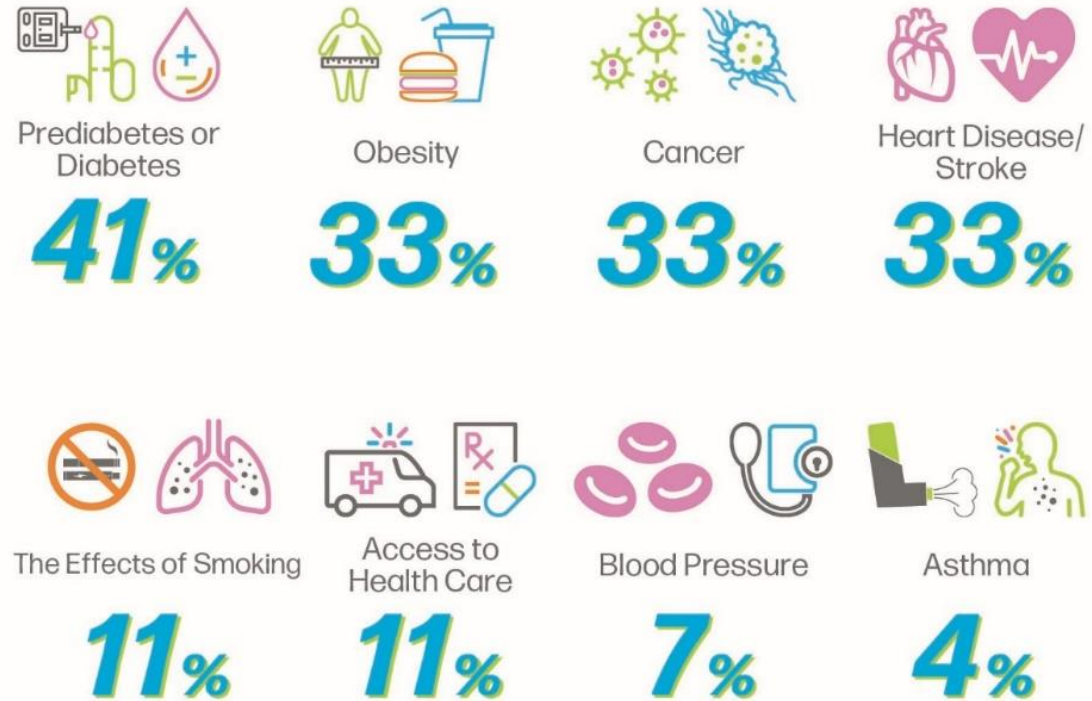
Disagree

Participant Snapshots: Pre-FG Survey

Average Household Income



Most Concerning Health Issues



Participant Snapshots: Pre-FG Survey

Questions about Health and Wellness

- More than eight out of ten (83%) participants agreed or strongly agreed with the statement, “Obesity is a problem in my community.”
- In a typical week, 55% of participants said they ate fruits and/or green vegetables 2 to 3 days; 21% ate them 4 to 5 days a week and another 10% ate them at least every day of the week. Three participants ate fruits and/or green vegetables only once a week.
- In a typical week, 38% of participants said they did some type of physical activity 2 to 3 days a week, 14% got physical activity at least 4 to 5 days a week, and 38% said they engaged in physical activity one day or less.

Media Usage

- Facebook was the most used Website/app by participants, with 79% having used it in the last week. YouTube was second, with 66%, while 45% said they used Google+, 24% had used Pandora and 21% had used Instagram.

Key Findings

Knowledge and Attitudes: Nutrition

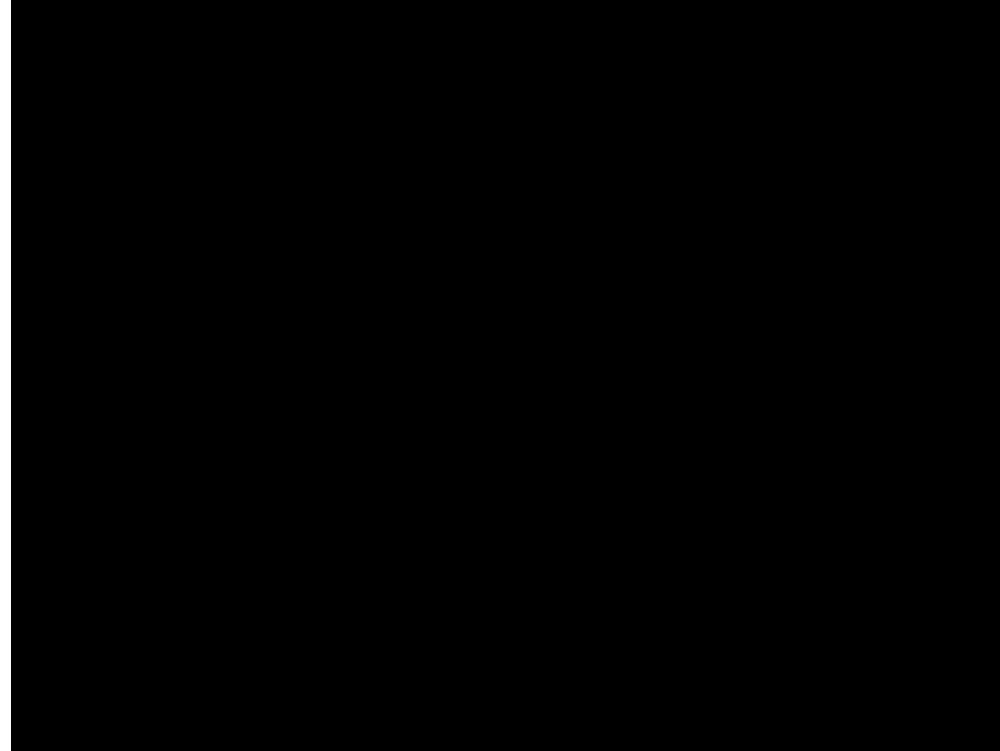
- Participants over age 30 felt that “good nutrition” and “eating healthy” were important. Although participants felt good nutrition was important, they also said that incorporating it into their lifestyle was challenging.
- Three primary factors make it difficult for participants to consume the daily recommend servings of fruits and vegetables: 1) high cost; 2) lack of time to shop and cook healthy; and 3) lack of convenient access.
- Women, particularly mothers, are often central to changing behaviors in a family. Mothers who are changing their own eating or exercise habits for reasons of illness or in trying to lose weight, impact what everyone else in the family does.

Key Findings

Diabetes

- Diabetes is heavily impacting the African-American community in Louisiana. More than **8 out of ten participants (81%)** had either been personally diagnosed with prediabetes or Type 2 diabetes or knew someone who had been diagnosed.
- People in the African-American community most closely align diabetes with one's intake of sugar. They are less aware of the involvement or functioning of organs like the pancreas and the role of insulin.
- Type 2 diabetes is commonly known as “sugar diabetes” or “having the sugar.”
- Participants stated that diabetes prevention messaging should focus on how diabetes can negatively impact your quality of life, including for those who may have to take care of you if you become seriously ill or disabled.

Video Clip: Impact of Diabetes



Key Findings

Prediabetes

- **Only a third of participants** across the groups were familiar with prediabetes. Some had heard the term “borderline diabetes,” but weren’t clear about what the implications were.
- There are misconceptions regarding prediabetes – many said a lot of people in the African-American community felt that if you’re prediabetic, then you are already diabetic. They said people need to know that the condition can be reversed with lifestyle changes.
- Once participants were made aware of prediabetes during the groups, they all felt that it was a health issue that should be taken seriously.
- The Prediabetes Risk Test was considered a valuable tool for raising awareness and providing residents with a good indicator of their risk of diabetes. Participants felt that the push card should be more widely distributed in the community and proactively provided to patients during doctor visits.

lin3 American adults have prediabetes. Do you?

Take this test to find out.

- How old are you?
 - Younger than 40 years (0 points)
 - 40-49 years (1 point)
 - 50-59 years (2 points)
 - 60 years or older (3 points)
- Are you a woman or man?
 - Woman (0 points)
 - Man (1 point)
- If you are a woman, have you ever been diagnosed with gestational diabetes?
 - No (0 points)
 - Yes (1 point)
- Do you have a mother, father, sister, or brother with diabetes?
 - No (0 points)
 - Yes (1 point)
- Have you ever been diagnosed with high blood pressure?
 - No (0 points)
 - Yes (1 point)
- Are you physically active?
 - Yes (2 points)
 - No (1 point)
- What is your weight category? (see chart on back)
 - Overweight (1 point)
 - Obese (2 points)

Score Total

Did you score a 5 or higher?
 • You may be at an increased risk for having prediabetes and for type 2 diabetes.
 • Type 2 diabetes and prediabetes are a condition in which blood sugar levels are higher than normal.

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Height	Weight (pounds)
4'10"	119- 131- 141- 151-
4'11"	124- 136- 146- 156-
5'0"	130- 142- 152- 162-
5'1"	135- 147- 157- 167-
5'2"	140- 152- 162- 172-
5'3"	145- 157- 167- 177-
5'4"	150- 162- 172- 182-
5'5"	155- 167- 177- 187-
5'6"	160- 172- 182- 192-
5'7"	165- 177- 187- 197-
5'8"	170- 182- 192- 202-
5'9"	175- 187- 197- 207-
5'10"	180- 192- 202- 212-
5'11"	185- 197- 207- 217-
6'0"	190- 202- 212- 222-
6'1"	195- 207- 217- 227-
6'2"	200- 212- 222- 232-
6'3"	205- 217- 227- 237-
6'4"	210- 222- 232- 242-

Points: 1 Point, 2 Points, 3 Points

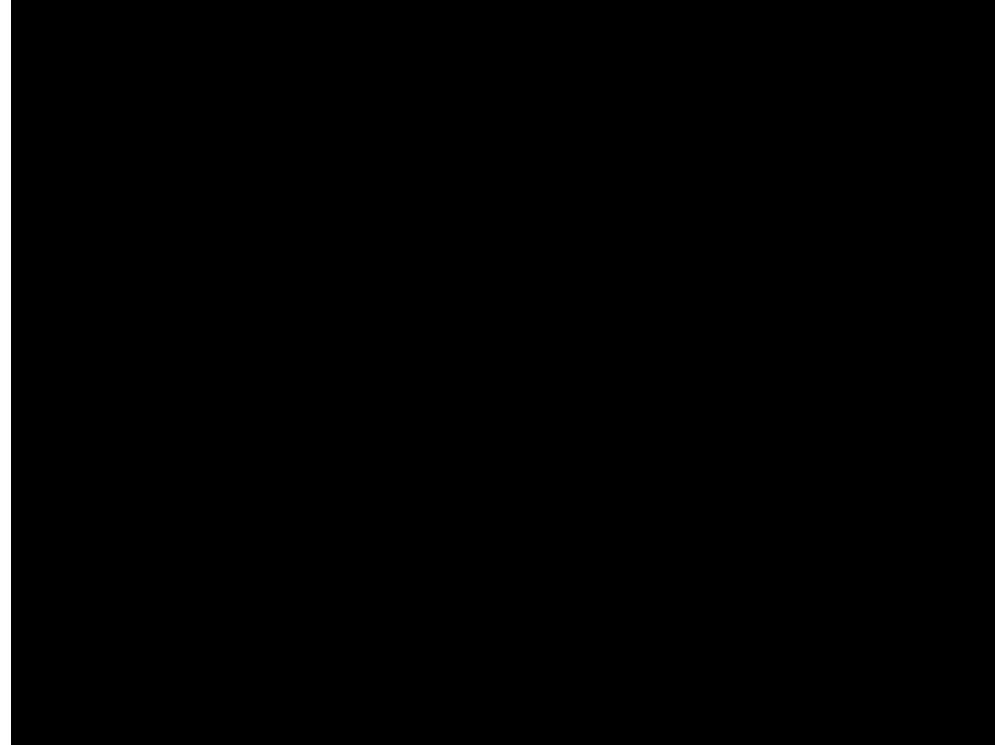
If you weigh less than the number listed by your height, enter 0 points.

Historical Context: 17% of U.S. Adults are Prediabetic

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Video Clip: Knowledge of Prediabetes



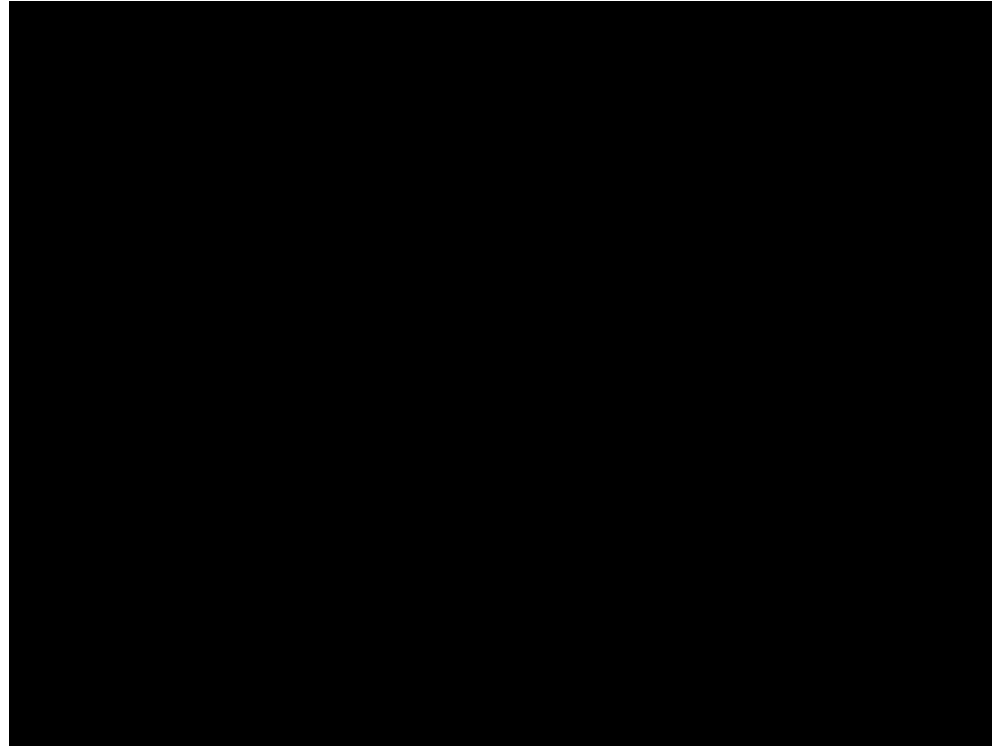
Key Findings

Diabetes Prevention Programs (Concept)

These group programs are led by a lifestyle coach, offer a full year of support and teach participants how to eat healthy, add physical activity into their routine, manage stress, stay motivated, and solve problems that can get in the way of their goals. This program is proven to prevent or delay type 2 diabetes.

- Based on this description, participants considered diabetes prevention programs to be valuable resources.
- Participants felt the most important features of a program would be showing attendees how to prepare healthy versions of popular local or ethnic foods. Nutrition classes that focus on food preparation, explain what foods to fix and how to make them still taste good were considered valuable.
- Another aspect of the program that resonated with people was the idea of having a support system with peers who could hold you accountable for making the necessary lifestyle changes.
- Other participation criteria included: cost; easily accessible; convenient times; and having a social aspect to keep things interesting.

Video Clip: Most Needed for Diabetes Prevention



Key Findings

Diabetes Prevention Program Feedback from Patients/Participants

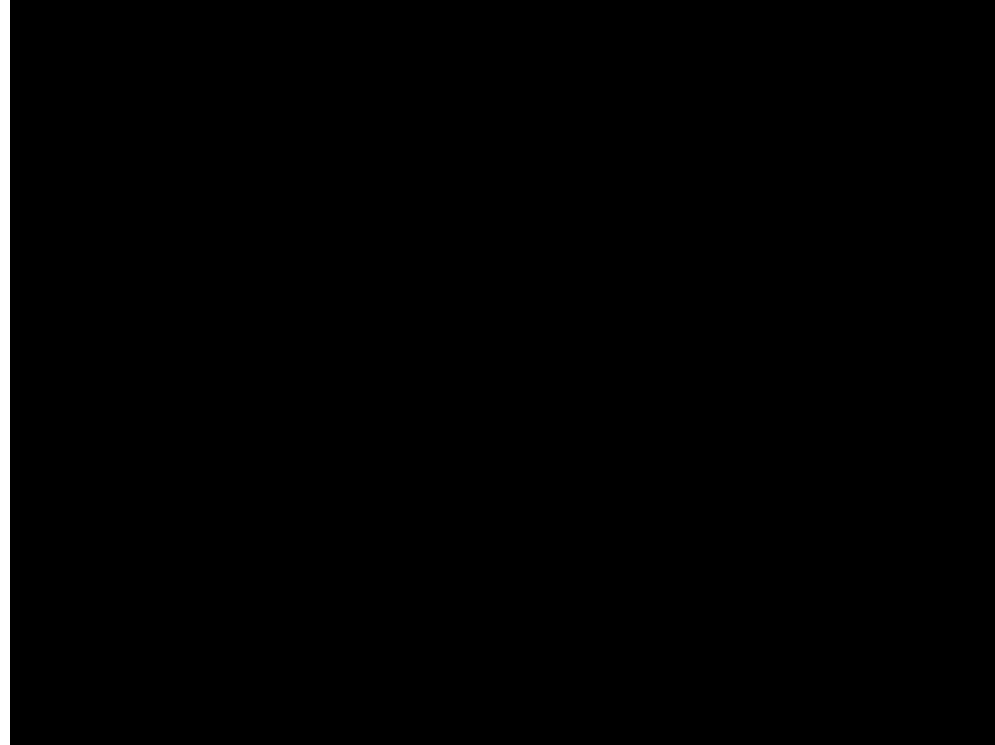
- Participants claimed that medical providers are not referring patients who have been diagnosed with prediabetes or diabetes to prevention or self-management programs outside of their hospitals.
- Participants who had enrolled in a DSME program stated that they enjoyed the experience and felt that the built-in support system was valuable.
- A lack of childcare and a lack of actual cooking demonstrations were suggested as areas where the DSME programs could improve.
- DSME programs need to be promoted better within the community.

Key Findings

Raising Awareness of Diabetes Prevention Programs

- Participants expressed high levels of trust in their Faith Based and Community Organizations as ways to reach their communities. A critical step to raising awareness in the African-American community, is to **take diabetes and pre-diabetes prevention information directly into the community.**
- Many predominately **African-American churches** have the necessary respect and credibility to disseminate health and wellness information, but pastors and church leaders need to be educated about diabetes awareness and prevention and how they can implement health and wellness programming into their ministries.
- A few examples that were given in each community who have credibility as message senders:
 - ✓ Dr. Marius McFarland (Shreveport)
 - ✓ City Council Member Kenneth P. Boudreaux (Lafayette)

Video Clip: Effective partnership approach

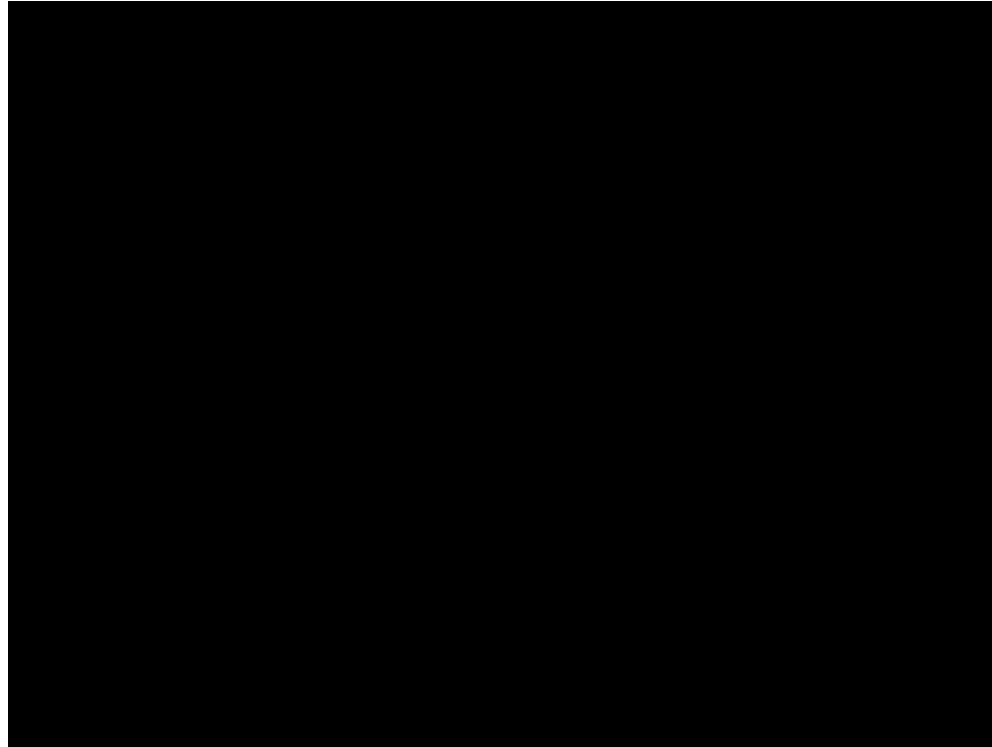


Recommendations for Healthcare Providers

Programmatic/Internal

- Ensure that all sectors of the provider community know about the local diabetes prevention programs, so they can help promote and refer patients to them.
- Build and nurture partnerships with organizations and influencers in the community who are already working with African Americans.
- Use the Prediabetes Risk Test as a conversation-starter with patients.
- Lack of childcare was a factor in people's ability to commit to the diabetes prevention programs. Consider covering babysitting or exploring partnerships with nearby childcare facilities to arrange short-term and/or on-site support and include families in visits.
- Give examples of what eating certain foods can do to your health as well as the severity of the disease and what this can do to your body.

Video Clip: Reactions to the Risk Test



Recommendations for Healthcare Providers

Message Development

- Share messages with patients that focus on the impact diabetes has on quality-of-life, both for an individual and his/her family.
- Help people understand that prediabetes is reversible with the right lifestyle changes (and what they are).
- Promote making lifestyle changes as do-able--just part of the process of moving through various stages of our lives. Then provide the micro-steps to making those changes.
- Integrate popular vernacular African-Americans in Louisiana use to refer to diabetes (like “sugar diabetes” or “have the sugars”) into your conversations and messaging to increase credibility and familiarity.
- Promote the diabetes prevention program as a source of information and peer support that can help people make the lifestyle changes that can head off negative health consequences.
- Create messages that appeal to women as a family’s “Chief Medical Director.”

Recommendations for Healthcare Providers

Promotion tactics for prevention and management programs

- Develop video testimonials from participants in your program who have seen positive life changes and/or from people who have reversed their diabetes.
- Use a resource such as Well-Ahead Louisiana's Prediabetes Risk Test push card and add a short message that prediabetes can be reversed and a clear call-to-action (i.e., contact your program).
- Use social media platforms to reach your audience
- Conduct information sessions or virtual meetings about diabetes prevention programs with representatives of faith-based institutions, community-based organizations and community influencers.
- Canvass communities and share materials in libraries, barbershops, hair salons, job placement programs and ex-offender programs.
- Distribute materials to faith-based institutions, community-based organizations and childcare centers. These are also locations where the Prediabetes Risk Test can be distributed.
- Make a concerted effort to reach African-American men with diabetes prevention messages in non-medical settings.



Questions?

Thank You!

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Diabetes Prevention and Management Programs in Louisiana

- To find local programs in your community, visit Community Resource Guide: <http://www.wellaheadla.com/CRG>
- To learn how to implement a program in your community, register for our free upcoming virtual training: Building Your Diabetes Prevention Program
 - August 25 and 26
 - You can register on www.walpen.org/provider-education. Scroll down to Webinars and In-Person Workshops to find the registration link.
- Access the Diabetes Risk Test at <https://www.cdc.gov/prediabetes/takethetest/>



Thank You for Joining Us!

Louisiana's Health Initiative