

Demonstration Project Podcast for the Road to Health Toolkit

Main Audience: Hispanic/Latino leaders of community-based organizations

Objective: To learn from the experience of two community-based organizations that participated in the demonstration project for the *Road to Health Toolkit* for the National Diabetes Education Program (NDEP) to increase their capacity in implementing an intervention for changing lifestyle behavior.

Title: Experiences of community-based organizations that serve Hispanics/Latinos in the implementation of an intervention program in lifestyle changes.

Description: Betsy Rodríguez, deputy director of NDEP at the CDC, talks with two community-based organizations about their experiences with Hispanics/Latinos in the implementation of the community lifestyle program for people with prediabetes in a demonstration project that used the NDEP's *Road to Health Toolkit*.

SCRIPT

[Narrator] This is a presentation by the National Diabetes Education Program of the Centers for Disease Control and Prevention, CDC.

[Betsy Rodríguez, NDEP-CDC] Type 2 diabetes is a chronic disease that is common in the United States and that Hispanics/Latinos are at a high risk of developing. Eighty-six million adults have prediabetes, but only 10 percent know they have it. People who have prediabetes are at risk of developing type 2 diabetes, heart disease and suffering a stroke. Nonetheless, we know that type 2 diabetes can be prevented or delayed through behavior or lifestyle changes, such as keeping a healthy weight and doing regular physical activity.

Community-based organizations can perform an important role in raising awareness about prediabetes. They can also provide programs that help people in their community to make the necessary changes in their lifestyle to prevent or delay type 2 diabetes.

Organizations interested in learning more about how to become a recognized provider of the National Diabetes Prevention Program (NDPP) of the Centers for Disease Control and Prevention can find information at CDC dot gov slash diabetes slash prevention (<http://www.cdc.gov/diabetes/prevention/index.html>).

Recently, the National Diabetes Education Program (NDEP) worked with Hispanic/Latino community-based organizations that use the community health worker model to implement, in a structured manner and through multiple sessions, a

lifestyle change program for people with prediabetes (such as the National DPP) using the NDEP's *Road to Health Toolkit*. Our objectives were focused on helping the organizations overcome the commonly experienced barriers in multiple-session programs and to improve their capacity to continue a program of this type over the long term. It was expected that the community-based organizations would recruit community health workers.

Today we are going to hear from two organizations, which will offer insights on their projects as well as the challenges and successes they have had.

Let's start with *Día de la Mujer Latina* (Day of the Latin American Woman), a community-based organization located in Pearland, Texas, and its representative, Marcela González. Marcela, can you share a little about your organization, who you provide services to and why you participated in the project?

[Marcela González, *Día de la Mujer Latina*]

- *Hello. I am a community health worker instructor and director of the Education Committee at *Día de la Mujer Latina*.*
- *My organization's mission is to promote and offer education to Latina women regarding healthy behaviors by means of cultural and linguistically competent education at the community level. We facilitate early detection of diseases through preventive exams using adequate resources of information in the community or providing community- or health-related information and training to community health workers. We also offer follow-up in patient-navigation services.*

- *I collaborate in the Health Fiestas organized by Día de la Mujer Latina and with other organizations helping people with basic medical checkups, patient navigation as well as educating the general public about different health issues.*

[Betsy Rodríguez] Why did you want to participate in this project?

- *Our founder, Venus Ginés, has been a pioneer in multiple efforts to help our community, with Día de la Mujer Latina being the first community-based organization serving Hispanics/Latinos to obtain certification in the state of Texas to train and certify community health workers. We could say that we are innovators, and we like to be at the forefront in terms of health services.*
- *In my case, I like to help people in disease prevention, such as type 2 diabetes. I am a community health worker instructor, and I have the experience to carry out said training with people in my community due to the fact that I received the program training from the CDC.*

[Betsy Rodríguez] Thank you, Marcela! Next we'll hear from Tania Ruiz, from *La Clínica del Pueblo* in Washington, D.C.

[Tania Ruiz, La Clínica del Pueblo]

- *Hello, good morning. I work as a senior coordinator of the Health Promotion Program.*
- *La Clínica del Pueblo is a nonprofit federally qualified health center (FQHC), and our mission is to build a healthy Latino community through culturally appropriate health services, always focusing on those most in need.*

- *The doors of La Clínica are open to everyone. However, we provide services to the Hispanic community in the metropolitan area of Washington, D.C., Maryland and Virginia.*

[Betsy Rodríguez] Why did you want to participate in this project?

[Tania Ruiz, La Clínica del Pueblo]

- *La Clínica's participation was very important for two main reasons. The first is due to the high incidence or prevalence of diabetes in the Latino community and the urgency to do something in our community. Secondly, we decided to participate in order to be able to offer community education on a prediabetes alternative, which could be adapted to the local conditions and needs of our people. Thus, we were really able to delay or prevent the onset of type 2 diabetes.*

[Betsy Rodríguez] Let's start with one of the big problems that organizations often face in the management of successful community programs: recruiting participants. Could you share what recruitment strategies work best for you? Let's start with *La Clínica del Pueblo*.

[Tania Ruiz, La Clínica del Pueblo]

The best recruitment strategies:

Sure. We learned a lot during this process. We realized that the recruitment phase is just as important as any other in the program, and that it is a phase that requires time for planning and trained program staff to collaborate in the recruiting process.

A successful recruitment strategy was to mention to participants with the potential to participate in the program that their doctors here at La Clínica had referred them to the program. And this demonstrated to us once again that to a lot of Hispanics doctors represent a respected figure. So we saw how their focus changed, as they were very interested in participating in the sessions. (STOP AT 7:08 and delete until 7:25) The doctors' referrals to the program were through eCW, just as all the recruitment calls and drives were documented in eCW, which is an electronic medical data program. Use of the electronic file made it easier to handle doctors' referrals to the program as well as the recruitment process documentation.

[Betsy Rodríguez] Tania, what were your greatest challenges and how were they addressed?

[Tania Ruiz] *A challenge that we faced in this stage was that the patient was unsure about the purpose of the program and what it consisted of. And during the recruitment calls, we always tried to explain and clarify any of the patient's doubts, though at times that was not sufficient. And that being the case, we took the liberty of making individual appointments, prior to the start of the program, to thus be able to explain to the client what it consisted of, its duration and what they could expect. The way in which we addressed this problem was successful because that way the client knew what to expect, and retention over the long term was good. An example that happened to us with a participant was that during the last follow-up of the program, she told us that when we invited her to the program, she thought that she was going to come each Saturday to a setting that was ~~merely~~ clinical, where we were going to give her injections and do studies. After the first session, she realized that was not the case, and she was really happy about the opportunity that had presented itself to her with the invitation to participate with us.*

[Betsy Rodríguez] What suggestions do you have for other organizations?

[Tania Ruiz] *I would say assigning adequate time and human resources for the recruitment process is important. This takes time and it is important that it be given value in this initial stage in order to obtain a good number of participants. Using the “Recruitment Script” prepared by NDEP was very helpful, as the health educators and community health workers followed it when making calls. During the NDEP training, we learned how to put this demonstration program into practice and how to develop that short and precise message that “sold the program,” which in turn helped us to develop that recruitment booklet.*

[Betsy Rodríguez] And in the case of *Día de la Mujer Latina*, did you use additional recruitment strategies?

[Marcela González, *Día de la Mujer Latina*]

- The best recruitment strategies:

*Día de la Mujer Latina used different ways to identify the eligibility of participants with a high risk of developing type 2 diabetes. For example, the *Día de la Mujer Latina*’s Health Fiestas and the Health Fairs with the American Diabetes Association are events that we hold every year with groups of community health workers, community centers in Harris County, and open communication among the community health workers themselves with their friends and family. *Día de la Mujer Latina* prepared a calendar with the timetable of the six weeks of the program upon recruiting the participants. The community health workers, since they are the most involved in the community, have a better knowledge of the needs and the*

existing resources to help reduce or eliminate all kinds of barriers that prevent people from participating in the health programs. Also, we use the CDC Questionnaire for detecting prediabetes to determine the risk of having prediabetes and the eligibility to participate in the program.

- [Betsy Rodríguez] What challenges did you face and how did you address them?

The place and time were determined taking into consideration the majority of the participants who could attend. Those who could not complete the six weeks were told that they could only be absent for one or two sessions, not more. The High Star Community Center was chosen due to its strategic location and the fact that Día de la Mujer Latina had official access to a classroom there. Saturday morning was the time that was most accessible for all participants.

[Betsy Rodríguez] Thank you both for sharing your experiences with me and with other NDEP collaborators.

Following a successful recruitment, the next challenge that programs might face is retention, i.e., to continue maintaining participants' interest over the course of the program. What observations could you share about participant retention during the six weeks of your program and follow-up? Let's start with *Día de la Mujer Latina*, which mentioned earlier the importance of location.

[Marcela González, Día de la Mujer Latina]

- *Yes, we discovered that the location of the classes is just as important in participant retention as recruitment. The classroom used had adequate space for the number of participants and for the activities we performed. It also had good lighting and there was no noise nearby.*
- *The sessions were offered in a convenient, familiar place—in the sense that they trusted that they were safe there—and where the participants would probably go for other reasons. For example, the community center where we offered the program is a place that a lot of people visit because there is a garden, a clinic, there are financial services offered such as Chip and Medicaid, and there is a library and spacious rooms where you can receive different kinds of training. Furthermore, there is access to public transport. Definitely, due to all these reasons, the retention and recruitment of participants was successful.*

[Betsy Rodríguez] Incredible! That's great! And over to you, Tania, what did La Clínica del Pueblo do to have the active participation of your participants?

[Tania Ruiz, La Clínica del Pueblo]

- *La Clínica made weekly calls to ask how they were doing with their goals and also to remind them that we hoped that they would attend the next session. The same community health workers that the participants shared with on a weekly basis, during the sessions, were the people who called each week, and so they heard a familiar voice over the phone and that helped with the enthusiasm and interest.*
- *Let me also mention that during the program we offered incentives, such as a card to buy food at the supermarket or at the farmers' market. We also gave*

out measuring cups, T-shirts and other gifts. We realized that the incentives were very important at the beginning of the project, but as the sessions went by, the incentives became less important and what motivated the participants to return was the content of the sessions, and the safe space that was created as the weeks went by. It is worth noting how the participants felt more comfortable and shared more of their experiences as the weeks went by. They were definitely happy, and so were we.

- *Another key factor was that we were consistent with the community health workers who facilitated the sessions, meaning that every week they saw the same faces, who were the same staff that they got to know little by little. And we think that this was essential for the program's success, as the participants built up trust with the community health workers. Likewise, the community health workers felt more comfortable and empowered.*

[Betsy Rodríguez] In addition to what you've shared about the strategies to recruit and retain participants, are there any other important lessons that you learned?

[Tania Ruiz, La Clínica del Pueblo]

- *We found that it is very useful to have two community health workers participating in each session and to have one available to collect the necessary data from the participants—for example, take down their weight, diet information and activity logs—while the other person gave the lesson. Also, with regard to data collection, we found that it always worked best to assign one person to be responsible for data entry and quality control. Why? Because there aren't a lot of people handling the information, and that could raise concerns or cause errors.*

[Betsy Rodríguez] Any other lessons you'd like to share?

[Marcela González, Día de la Mujer Latina]

- *Through this process, we saw the need to supplement the materials with the issue of stress management. This helped us to engage in a dialogue that led the participants to manage their expectations as far as how much weight they were going to lose and the time that this would take them. The knowledge that they gained and how they applied the information in their particular cases really helped them to be the best spokespersons for the intervention. So in this process, we were all winners—not just the participants but the staff as well. Another strategy was the use of different messages with positive thoughts about healthy diet, scope, goals and exercise that were laminated and hung on the walls so that the participants would read them in every session. For example, two of them read “I am not going to lose weight. I am going to leave it and I have no intention of meeting it again,” and the other one said “I know I can. I believe I can. And I am going to do it.” We always use the messages from the Road to Health Toolkit flipchart and the content included in the CDC training materials. Furthermore, we use large posters referencing the issue to be discussed in each class.*

[Betsy Rodríguez] Based on your experience, Marcela, do you now feel more prepared to present similar multi-session interventions in the future?

[Marcela González, Día de la Mujer Latina]

- *Yes, for sure. The community health workers acquired a greater level of knowledge and awareness that allowed them to help their communities to prevent type 2 diabetes. This taught us that with discipline it is possible to help people to change their unhealthy lifestyles for healthy lifestyles.*

[Betsy Rodríguez] Tania, what do you feel proudest of after having completed this demonstration project?

[Tania Ruiz, La Clínica del Pueblo]

- *I think that it has been very gratifying to be a part of this demonstration project. I can tell you that I feel very proud of being part of a group that is very committed to the Latino community and its health. I feel honored to be an agent of change and to at least be able to sow a positive seed in our participants. I am very pleased to see the participants' progress and advances and their excitement each week as they see themselves and feel better and are happy. Without a doubt, it has been a pleasant professional and personal experience.*

[Betsy] And *Día de la Mujer Latina*?

[Marcela González, *Día de la Mujer Latina*]

- *I am very pleased about being more knowledgeable about what type 2 diabetes is and how to help others to prevent and delay it. Thanks to this demonstration project, I feel capable and more confident that I can give adequate recommendations and remind our community how important it is to eat more healthily, how your plate of food should be balanced and how physical activity can help us to preserve our health.*

[Betsy Rodríguez] I want to thank the organizations and their staff for their dedication and commitment in participating in the demonstration project for the *Road to Health Toolkit*. And also for their dedication to confront the epidemic of diabetes in their communities. We have learned from them that the multi-session lifestyle program can be successfully implemented by the community-based organizations in the Hispanic community. Their experiences offer valuable knowledge to other community-based organizations that are considering similar programs.

[Narrator] NDEP resources, including the tools of the *Road to Health Toolkit*, are available at the website CDC dot gov slash diabetes slash NDEP (www.cdc.gov/diabetes/ndep/index.html).

For more information, call 1-800-CDC-INFO (800-232-4636) or visit www.cdc.gov/info. To request resources, visit www.cdc.gov/diabetes/ndep.