

NDEP Webinar Series:
Partners in Health:
Engaging Faith Communities
Webinar Transcript
30 – April 2013

Slide 1 – Title Slide

Ms. Mallette: Good afternoon. I am Carol Mallette from Southern Jersey Family Medical Center in New Jersey and I'll be your moderator today. We have over 300 people registered for this webinar. I'd like to welcome each of you and thank you for your participation. For those of you who saw our original program listing there's been a change in our final speaker. Minister Deborah Holmes will be with us this afternoon to discuss faith-based activities in the African American community through the American Diabetes Association.

Slide 2 – Welcome and Introductions

We all know that diabetes is a significant and growing health problem in the United States and that it is the leading cause of many medical complications and that many people with type 2 diabetes have the disease and do not realize they have it. To help spread the diabetes prevention and control message and ultimately to improve health outcomes around this serious common costly and controllable disease we find an ever increasing number of partnerships emerging between public health and faith-based communities. These relationships have resulted in the creation of a wide array of church-based health promotions and disease prevention interventions. Today's webinar will focus on three church faith-based diabetes prevention programs in different settings and the impact these programs had in helping religious congregations understand the importance of the prevention and control of diabetes. Before I introduce our presenters and our program officially begins I want to call on Alexis Williams with the Centers for Disease Control's National Diabetes Education Program. Alexis will share our goals for the call. Alexis?

Slide 3 - Goals

Ms. Williams: Thanks Carol. Hi everyone. Welcome to today's call. We're so glad that everyone could join us today. It's going to be a really interesting discussion that we're going to have. Our goal today is to look at some effective strategies for engaging faith communities and diabetes activities, explore the benefits of partnerships with faith communities and identify resources to support faith-based partnerships for health.

Slide 4 – Faith Communities Can Make a Difference in Diabetes

This call really came out of some work that the National Diabetes Education Program African American/African Ancestry Work Group was doing to look at how we could expand our outreach. We were really hoping to help people understand how they can leverage NDEP and helping faith communities to raise awareness of diabetes, conduct diabetes prevention and management activities and create an environment where people can make healthy choices. They felt really strong that we needed to reach out across our partnership and learn about what our partners in different communities from rural to urban, Hispanic/Latino, African American, all different kinds of population were doing it, conduct outreach in these communities. So this is our first effort to bring together our partners and people who are working in this area to look at what some of the opportunities are and we'll continue to look for opportunities to engage with everyone, and to communicate and share resources and to continue to dialogue so that we can

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really help expand opportunities to address diabetes in our communities. Thank you so much and enjoy the webinar.

Slide 5 - Reaching the Faith Community

Ms. Mallette: Thank you Alexis. Our first speaker is Reverend Michael Faulkner. Reverend Faulkner is president of the Institute for Leadership in New York City. His organization is devoted to helping leaders develop attainable solutions to difficult community problems. A minister for nearly 30 years, Reverend Faulkner is the founder of New Horizon Church in Harlem. Active on many fronts, Reverend Faulkner served as director of the United States Programs for World Vision. He was coach here for the New York City Board of Education's HIV/AIDS Taskforce. He was the regional chaplain for the New York State Office of Children and Family Services and he has served as vice-president for Community and Government Relations at Kings College. Reverend Faulkner?

Rev. Faulkner: Thank you so much, and again I want to add my appreciation for all who have joined this call. It is tremendously important that we have dialogs like this and that we learn from best practices and continue to challenge and stimulate one another towards solutions to finding and implementing workable, scalable solutions.

Slide 6 - Before and After

I began this work five years ago, and I was approached by the New York State Health Foundation and they asked for my input on reaching out to faith leaders across the state of New York to implement a program that would help to reach people where they lived, worked or worshipped and they asked me to head up the initiative to look at the worship-base intervention, a worship-based outreach. We came up with a program that we call Faith Fights Diabetes and the objectives were three, to reach people to help them understand what their numbers were, what the numbers were concerning diabetes, how to lower those numbers and then how to manage those numbers. When we began this program I was much larger than I am actually now. You see on the screen the before and after. It was actually very interesting. As we began this program I was looking at the materials and reading the materials and then I had a doctor's visit in which the doctor informed me that I was pre-diabetic and told me that if I did not make certain life changes that my life, that I was headed for diabetes based on a number of things including my family history and my lifestyle. Even though I wasn't what I would call a sedentary person I certainly wasn't exercising enough to burn off the calories and avoid the stress and some of the pitfalls and the other things that I was doing. So I became one of the first participants in this program just by adjusting my lifestyle.

Slide 7- Faith Fights Diabetes Initiative

The Faith Fights Diabetes initiative is -- yes the Faith Fights Diabetes initiative -- the missions is to identify people at high risk for diabetes and partner with local houses of worship and those living with diabetes and provide them with the necessary tools to live healthier, longer lives. It's the only program that we have actually been able to see that has been scaled to this type. Now when we say faith community we reached out to the majority of the faith communities were

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churched, but there were a vast number of mosques and temples and every religion. We did not discriminate. In fact we intentionally went after every different faith group and that has really paid off for us, because what we found was across the board the needs were the same. We found some very interesting statistics early on as we were screening people for diabetes using the American Diabetes Association, the ADA risk assessment. We found that 60 percent of the people in the houses of worship that we surveyed were at risk for diabetes, were high risk for diabetes.

Slide 8-What We Have Accomplished

If you look here the number of what we've been able to accomplish in our three years of the program we engage 4,225 houses of worship and more than 9,000 people have joined the initiative. That was through contacts on the website, etc. We also actually did 9,426 risk assessments and so we did risk assessments for that many people and found that 61 percent, I said 60 percent, 61 percent were actually at high risk. We actually trained 250 community health workers statewide and implemented a 6-week Faith Fights Diabetes initiative in more than 160 communities or 160 houses of worship and 49 for those programs or almost 50 of those programs actually repeated and did more than one in a repeated cycle. We had approximately 2,700 people that started the program and 2,200 actually completed and that was a completion rate of approximately 81 percent. And we were very excited about that because the goals were to help people understand what causes were for diabetes and then to make life changing decisions about how they wanted to live their lives concerning that.

Slide 9 - Four Key Best Practices

We feel like we were very successful. The key, the four best or four key best practices that we found is one, we identified and partnered with the faith community ambassadors. As everyone knows in the faith community there are layers of people and you can't just simply go up to the first person you meet and say hey I want to engage or want to be engaged with your community. You have to have key ambassadors, those people who can spread their message or the message that needs to be spread throughout that congregation or throughout that community of faith.

The second best practice that we identified is to identify and train program facilitators or community health workers. The real success of our program was not that we came in from the outside as experts, but we had two master trainers who were certified diabetes health educators and they actually did all of the training for the 250 community health workers. The 250 community health workers were members of that community, so we didn't go into any church or house of worship with an outsider, but it was a person from that community that was actually trained in the Defy Diabetes or Faith Fights Diabetes initiative and given the curriculum, the tools and the resources and then we provided technical assistance and the evaluation tools so that their participation and everything they accomplished could be properly registered.

That led to the third best practice which was participant recruitment and program start date is all one in the same. In other words, once you have the initiative and you have a program that works

you've got to get people involved. You've got to get people engaged and so the key having the community health worker or the people within the community to be able to reach out to their friends or to others and having the faith leader, the shepherd actually say this is something that we're doing. As a congregation we need everyone that feels like they might be at high risk involved, especially those because one of the things that we would start doing, you know job one was really to do risk assessments with as many people as possible and everyone that was determined as being high risk we said, well we have a program now for you. Also, I didn't put this down as a best practice, but one of the things that we were able to do as well is connect those people who did not have health coverage to a healthcare provider that could provide the medical attention that they needed to follow up. Our goal and initiative was to help people make the adjustment in lifestyle changes and to understand where they were as it relates to diabetes.

The fourth thing that I have listed here is quality touches and quality touches are very important, because it means simply how are you engaging that person on a regular basis in the things that matter?

Slide 10 - Identifying Faith Community Ambassadors

In identifying the key ambassadors, those who are passionate about health and wellness, now what we found was we didn't necessarily have to have people who were professionals in the medical or public health field. That was not necessary, but they had to be passionate about it and then we would enlist community powerbrokers. Everyone knows in every community of faith there is the observable formal power and then there's the informal power, and we wanted to engage both leaders, but we know we could not bypass the informal powerbrokers within that community, because we needed them to spread the message and we needed their endorsement in order to make this work. We find those who are already doing something and we all know the old adage if you want something done right give it to a busy person. Most of the community health workers that we found were busy, they were swamped. They had busy lives with their families, but they were the most prolific and the most productive that one could possibly imagine.

Slide 11 – Identify and Train Program Facilitators (CHWs)

Secondly, as we identified and trained program facilitators -- or the CHWs -- this is the criteria that we look for, for those who are volunteering to be part of this initiative is they had to have the ability to facilitate. They couldn't be shy or withdrawn or say that they were bashful about being in front of people. They really had to have the desire to be out there. They had to be a member of that faith community. We tried and we were able to maintain the integrity of this practice. We did not or would not deploy a person within that community that was not part of that community. That was part of the criteria so that people felt right from the very beginning that there was ownership and there was a connection to people. So we were bringing resources to the community and not bringing experts into the community and that's a big difference. The person

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had to be a people person and they had to be health conscious. We were looking for administrative and organizational skills were a must. Now that doesn't mean that they had to be administrator types, but there were certain basic things in the collection and the retention of the data that was collected that had to be done correctly in order to be able to make sure that the program criteria was met.

Slide 12 – Participant Recruitment and Program Start Date

Thirdly, a recruitment and the start date, the major lessons learned. Now we went through this and each year we continued to tweak change until we got this down to kind of a science and by the last year we were doing it we had actually kind of figured it out, the importance of having the recruitment event class on the same day. When we started we would have a recruitment event and then have people show up and have the initial intake data done on that day. That was a real deterrent for us or real downer for us because people got bored. They wanted to get started right away, so we found that it was best if you had any enrollment data to do all of that on the front end the first day of the class so that people knew that they had something to look forward to, to be back for the next class. The attrition rate hovered around 60 percent when the recruitment and the class were on separate days. Once we decided programmatically to have class one right after the recruitment event the attrition rate went up dropped from 60 percent to 20 percent meaning we now were able to more than 80 percent actually of the people who had enrolled which was huge, because everybody that enrolled, enrolled because they were high risk and we certainly didn't want to lose anybody in that process.

Slide 13 – Quality Touches

Fourthly, quality touches, now this was for the community health worker. What we found was it was very important for us to be able to engage the community health worker and to keep them engaged in the community conversation around the work that they were doing with diabetes, the things that they were finding out and how they could continue to improve their skills. One of the things that were very excited about was The Road to Health Toolkit that was offered CDC. We were able to be trained in that protocol as well and offer that to our community health workers. What we still find is that every time now something new is coming down the pike, or not just something new, but an initiative that's going to help bridge the gap between the medical needs for the community and the community, the community health worker is a perfect intermediary, as it were, because they're more available than a nurse or a doctor and often they're the first line of communications that a person has when they go into that, when the person is from that community and they need something. They're not giving advice, but basic, sound, reasonable life changes or life adjustments that the person can make and the action that people can take themselves to improve their overall health and wellbeing. So that was how we maintained that and we were able to continue to keep that going. Thank you.

Slide Fourteen, Faith and Community Working Together for a more Healthy Appalachia
Ms. Mallette: Thank you Reverend Faulkner. We will now hear from our next speaker Mandilyn Hart. Mandy Hart is executive director of the Center for Appalachian Philanthropy where she leads a diverse team of individuals who work to build strong communities in rural

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Appalachia. In her role as executive director, Mandy is committed to working with non-profit organizations in rural communities assisting them with philanthropy, capacity building and fundraising. Mandy?

Ms. Hart: Thank you Carol. Good afternoon everyone. It's a pleasure to be here in such good company. It looks like we have a lot of people joining us. First I want to talk a little bit about our organization. The Center for Appalachian Philanthropy is a new organization and basically we provide support to rural Appalachian communities so we can find local solutions to their common problems like poverty and poor health. We believe that communities do need to work together to solve their common problems. Our team actually nurtures community building, sometimes the coalition using the philosophy of philanthropy in its most basic definition, the love of mankind. From our long name of the Center for Appalachian Philanthropy which is a mouthful we shortened it to AppaPhil which means for the love of Appalachia people and place. The philanthropy provides the [inaudible] of time, talent and treasure for the good of our communities.

Slide 15- Highest Diabetes Rates in the Nation

Our work is focused primarily in distressed and at risk communities with the most vulnerable populations. While we are not a faith-based organization it is in faith of our teams and the compassion we have for our Appalachian community that we are successful in our work. Appalachian communities have some of the highest diabetes rates in the world. Usually with poverty you have starvation. In our case we have malnutrition. Food is available, but it is the wrong food and we are becoming more obese. Appalachia is also within the Bible belt. Church is important to us and most often church is where we seek relief from our common woes and problems.

Much like the rest of America, faith and spirituality are important to us. In our rural Appalachian communities we have many churches with very small congregations. They're usually led by groupings of family members and those with multigenerational relationships.

Slide 16 - Faith in Appalachia

Fatalism, the expectation that something negative is going happen, has prevailed in Appalachian communities. It's actually become a crutch that hinders positive thinking which is needed to bring about positive change, so getting to the core of that problem is important to our work. Because of the fatalistic culture it is difficult to build trust and rapport in Appalachian communities, especially in rural Appalachian communities. We have a fear of outsiders and we need to find solutions from within our communities to solve our own community problems. And as most of you know many people stereotype Appalachian people as being ignorant hillbillies. You see it on TV shows every day, but this is very far from the truth. We are very really hard working, loving people who have learned to survive on less than adequate resources. I'll tell you this [inaudible] programs so that you will understand that it's the culture of the people where you are working that you must understand so you can create the right interventions targeted to the people you are supporting. In Appalachia our culture impacts our beliefs and for our most

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vulnerable population the fear of not having food in the future or the fear of starvation has led us to unhealthy lifestyle behaviors. Eating the wrong foods and of course not getting enough physical activity has led us to obesity and high rates of diabetes. The place where we are most accepting of support is through our churches and ties to our spiritual beliefs. It's through the church where future success to solve our health problems exist.

Slide 17 - Diabetes is a Huge Problem in Appalachian Communities

Okay, because diabetes is a huge problem in Appalachia multiple strategies are required to bring people together, finding common threads to weave us and finding solutions to our problems. Through all of the AppaPhil strategies and programs we use story and dialog to connect people within each community. We have found that through the evaluation of our work, community and family centered activities provide the greatest successes. Through the faith communities compassion and the spirit of people provide the right attitude to create unity in action.

Through our strengthening communities to prevent diabetes in Appalachian vulnerable populations program, which is funded by the CDC and led by Dr. Sharon Denham we are bringing together through coalition building and the creation of church health teams to educate people to provide support and services to individuals with diabetes or at risk for diabetes using family centered interventions. You can access the website at diabetes.appalachia.net to learn more about our work.

Within the vulnerable populations program our outreach to churches and the faith community is through the Healthy for Good platform. The Healthy Kid's campaign targets interventions through churches, schools and community places to improve the health and well-being of our Appalachian children.

Through AppaCuts and Celebrate Appalachia, a new program, we bring together church and community to celebrate and share our love for Appalachian people as we learn to find solutions to our poverty and poor health by working together.

The Turtle Challenge of the Walking Fitness program that takes place over eight weeks and encourages families, communities and churches to walk as teams slowly breaking down poor health patterns and replacing them with physically active activities.

Promising Futures is the economic development arm of our program and we are working to develop creative art spaces in targeted communities. We educate local Appalachian artisans towards abundant living by helping them to apply their creative talents to build small and micro-industry at the local level. This includes our local food initiatives.

Finally, Linkages is our annual conference to bring faith and community together in a learning environment for relationship building, story sharing and providing opportunities to learn from regional and national leaders to improve our health and well-being.

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When you think about faith-based programs to prevent diabetes and the complications of diabetes targeting both faith and community members to learn together is the best approach to relationship building. There are myriad of tools available. First, we have the Diabetes: A Family Matter tool kit that was created by Dr. Sharon Denham and it continues to be developed and used through our vulnerable population program. We also use the Let's Move! Faith and Community and that's a program developed by Michelle Obama. Lots of tools and resources available, especially for the faith community. The tools available through the National Diabetes Education Program, Power to Prevent and The Road to Health, and New Beginnings are all great programs and interventions that can be used in the churches. Of course we're going to be hearing from Deborah and the American Diabetes Association on the many tools and resources. I guess I say that to say there is no need to reinvent tools. There are many tools available. The need is to educate our faith and community members on how to use the tools to create the interventions for the people we are targeting through our programs.

Slide 18 - Poll

I had a poll in here and I'm having a hard time making it work. Okay, here it is. Okay, if you would not mind I'm anxious to learn from the audience if you represent an urban community, a rural community and both urban and rural communities. Good, it's populating.

Slide 19 – Do You Represent

I know that many times the work that you do in urban communities is maybe different than the work that you're doing in rural communities. Most of the time you have smaller populations when you're in rural communities, and it's harder to bring together churches, faith-based organizations and communities together in rural communities basically because of the geographic problems. Looks like we have quite a few, I have 113 responses. Most of you are both urban and rural communities, great, 55.3 percent urban and rural, almost 15 percent rural and 30 percent urban.

Slide 20 – Faith and Community Together

So whether you are working in urban or rural populations when you bring faith and community together it's best to use strategies to inform a collective audience, just like Reverend Faulkner was saying, strategies to inform a collective audience and then create neutral platforms for learning steering clear of the delicate conflict of multid denominational problems. When you are bringing groups together in learning communities if you focus on the problem as opposed to focusing on the faith initiatives or the faith issues then you can keep that neutral platform rolling, so finding ways to build bridges between faith and community like we talked about in our Turtle Challenge Program and be the gatekeeper. As an organization and most of the individuals that represent organizations, being that gatekeeper is very important, being informed with the tools and resources for interventions as a learning community. You don't have to have all the answers, but the more you know the more you can get out to the church and faith-based communities, the better you will equip them to be able to find their own solutions for their congregations.

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Slide 21 – Education is Critical

Finally, education is critical and as you strengthen your communities and include faith-based partners in your work you inform them collectively, allowing connections and relationship building to take place. Relationship building is very important and finding those common threads, even if you have a different culture, finding those common threads and stories from which to solve the problems related to diabetes and other community situations or problems.

Slide 22 – Networking and Collaboration

Finally, in summing up what's working well for our organization and the communities where we work, partnerships are key to success. Again, Reverend Faulkner said the same thing, that partnerships are key to success. Engaging diverse stakeholder groups that will bring multifaceted skills and experience together. So even if you have the faith community working together on a project bringing other community members together with skills and expertise will help enhance your opportunity to educate and work with the community. When we provide learning opportunities, the more we know the better prepared we are to find collective solutions to common problems like diabetes and then building bridges and creating synergy will allow us to become more healthy together. Our faith will empower us to respond to the call of action.

Slide 23-Mandy Hart Contact Slide

I want to thank you for the opportunity to share and here is my contact information and again a reiteration of how to reach us on our website.

Slide 24- Project Power, Live Empowered Program Title Slide

Ms. Mallette: Thank you Mandy. Our final speaker is Minister Deborah Holmes. Just about 12 years ago following the death of her mother from complications associated with type 2 diabetes, Minister Holmes became an active volunteer for the American Diabetes Association. Through her work as station manager for KSTL AM radio, a Christian radio station servicing the greater St. Louis area Minister Holmes was able to use her radio connections to the faith-based community and the tools of the American Diabetes Association's African American programs to facilitate educational workshops and other venues that serve to educate the African American community about type 2 diabetes. An active member of many boards and committees Minister Holmes represents the American Diabetes Association at the national level. Minister Holmes.

Rev. Holmes: Thank you Carol. Good afternoon everyone. I bring you greetings from the African American Initiative Subcommittee of the American Diabetes Association and on behalf of our subcommittee chair Dr. Megan Saunders and our ADA staff manager Denise Price Brown. Thank you once again for participating in this wonderful informative webinar. Live Empowered is the brand name which comprises all of our African American programs and our theme is Learning to Thrive With and Prevent Diabetes. Now I do want to point out that the ADA does reach out to all high risk populations through several subcommittees including Latino, Hispanic, Asian, Pacific Islanders and Native Americans, but today we will be sharing information specifically on our African American initiative.

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Slide 25 – Mission

The mission of this particular initiative, the association's targeted approach among African American's to increase an awareness of the seriousness of diabetes and the importance of making healthy life style choices such as moving more and eating healthier.

Slide 26 - Unmet Community Need

We recognize that there is a high diabetes burden in the African American communities so our Live Empowered programs are strategically designed to address the need for educating those with or at high risk for developing diabetes, which includes prevention, management and control.

Slide 27- Dissemination Strategy: Top 10 African American Markets

Our primary strategy for disseminating our program is through targeting the top ten markets which are called A Markets because of the size of their populations. These top ten markets represent 32.3 percent of African Americans affected by diabetes. Now, this does not mean that our programs do not reach other markets such as St. Louis where I live which is call a B Market, but the ADA has offices in these top markets that can serve the needs of those affected by diabetes. We are always willing to go beyond these markets as long as we can service them which is why we are also making our programs available through our website. Our goal is to be able to reach out to all 50 states and certainly with technology and the use of websites and webinars we are able to reach beyond just our top markets.

Slide 28 - Faith Based: The Project Power Movement

Our signature program for reaching the faith-based community under Lived Empowered is called Project POWER. Now, this program is a six part program that begins with Diabetes Day where the announcement is made to the congregation that the pastor has entered into an agreement with the ADA to provide five educational workshops free of charge over an agreed upon period of time. He is responsible for selecting an ambassador who is trained by the ADA staff or volunteers to coordinate the program in-house. Now these programs include or the workshops include Power Over Diabetes which is our management, prevention and treatment workshop that introduces people to the basics, what is diabetes, what is A1C, just questions, general questions that people have about the disease itself. We follow that with our Fit and Faithful in Body and Soul which of course is to encourage people to become physically active and these workshops can actually include demonstrations where we get the participants actively involved in showing them some very simple exercises that they can use. Part of that, of course, is talking about health eating. We want people to learn how to read labels, how to begin to incorporate different substitutes for foods that are not healthy into their lifestyles as well as what are good portion sizes. We may even do cooking demonstrations during the workshop. We have A Clean Heart. A Clean Heart makes the link between heart disease and diabetes and we give our participants those risk factors, the things that they should look out for. Finally, Train Up a Child is directed to parents or guardians and it include we invite the children to come as well, because we want them to understand that our children are being affected by diabetes, especially type 2 diabetes. A lot of that has to do with their lack of exercise and the fact that they don't really go out and play anymore. One thing that Reverend Faulkner mentioned earlier, the pastors must embrace the

program. Without the support of the pastor it is a difficult challenge for us to find success with these churches. So we definitely want pastors to be willing to commit to specific dates and times on their calendars for the workshops and then to talk about it and promote it from the pulpit.

Slide 29 - Faith Based: Why the Black Church

Churches and faith-based institutions provide an excellent setting for grassroots diabetes awareness programs, because approximately 13 million African American households can be reached directly or indirectly through the church. Churches have always served as the life center of the African American community and a natural gathering place for information sharing. When you consider that the typical black church has an average attendance that is about 50 percent greater than non-black churches then it supports our idea of reaching people through this medium and that it makes good sense. Additionally, religious institutions offer strong leadership in the community and are considered to be a trusted source of information.

Slide 30 - Integrated Community and Faith Based Program

Another strategy we use to disseminate information is through an integrated community and faith-based program called ID Day; ID stands for I Decide. Through this program we rally the community to join our efforts to bring awareness and to stop diabetes on a designated Sunday in November, usually the second Sunday during Diabetes Awareness Month. We generally set a goal of maybe 500,000 to 700,000 people across the country hearing our message simultaneously from the pulpits across the country. In years past we have actually exceeded our goal and we've been able to for the last couple of years to reach over a million people on that one day. We also offer diabetes education activities leading up to ID Day and the recruitment of churches for this activity. It also fosters an ongoing relationship whereby many of the churches that participate in ID Day become Live Empowered churches that will allow the presentation of our Project POWER workshops.

Slide 31- Community: Your Diabetes Total Wellness Adult Toolkit

In addition to our faith-based outreach we offer a community outreach program called Your Diabetes Total Wellness Adult Toolkit. This educational workshop is a holistic approach to diabetes and can be used in any community based venue. Our goal is to raise awareness of the impact of diabetes among those diagnosed with diabetes including self-management, oral health, mental health, sexual dysfunction and smoking. Once again the target audience is the African American community and those have diabetes or are at high risk.

Slide 32 - Women: Targeted Outreach

We're very excited about our Choose to Live: Sisters Strong Together workshop because it specifically targets women, including teenagers and up who are interested in taking care of their own health. We know that women spend more, most of their time caring for others, but too often they neglect themselves. So this program can also be offered in any community based venue, places of worship, beauty salons, nail salons, worksites, hospitals, and even community centers. The important thing is that we encourage women to take charge of their health, their own lives

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and then take better care of others. Mother Love, that you see pictured here, is our national spokesperson and she serves on the African American Initiative Subcommittee.

Slide 33 – Epidemic of Diabetes

Finally, we just want to reiterate that diabetes is occurring in epidemic proportions in African Americans so it's critical that we educate them. Implementation of our programs such of Project POWER will help stem the tide of diabetes and ultimately reduce health care costs. One key component to all of the work we do through these programs is our ability to assess the effectiveness of the program. In order to do that we need more participants to complete our pre and post questionnaires which serve as the evidence that we are reaching people and making a difference in their lives. Each one of our workshops begin with a pre-questionnaire where we ask participants certain questions to then after the workshop do a post-questionnaire to see if they gained any knowledge through the workshop. If we can encourage a greater number of people to participate in our follow-up calls this could enable us to improve programs and well as be assured that our efforts are not in vain. So we really are again excited about what we're doing and hopefully we are making a difference in the community. Thank you so much for your attention.

Ms. Mallette: Thank you Minister Holmes. Clearly our presenters have shown, through their presentations, that programs directed to faith communities can influence health care practices, especially with high risk populations. Perhaps a takeaway message today is that a lot of church members who are singing the hymns, standing on the promises are not just sitting on the premises waiting for something to happen, but instead they are becoming active members in controlling their very own healthcare.

Slide 34 - Questions

To begin our question and answer session I'd like to ask you Reverend Faulkner if you believe parishioner or church member views about faith serve as a means of prevention and if they help shape the attitudes of worshippers towards your programs.

Rev. Faulkner: Well, I think that really depends a lot on the faith leader. The bible says faith without works is dead, so we need to have faith leaders that put these things into actions. Now I struggle with weight, I struggled with obesity and prediabetes for many years before by God's help and by God's grace I was able to take the initiative. It was very interesting, when I began to lose weight and began to implement healthier life style practices for myself without preaching it from the pulpit my congregation started to lose weight. There were walking clubs that were started; there we people who went back and joined gyms and that. I wasn't advocating for any of that. I was simply losing weight. So I think if you have those examples in front of you that the sheep will follow.

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Ms. Mallette: Thank you Reverend Faulkner. Mandy, you indicated yours is a new organization. Did you find that competing activities in the community hindered your program efforts?

Ms. Hart: Thanks Carol. That's a good question. What we've been able to do has been beneficial. Our programs created some opportunities to network organizations together through coalition building activities, decide what is going on and be able to mirror what we're doing with other organizations in the community. For example, when we had our Health Kids Campaign activities we had quite a few agencies and programs together where the children came together and learned what a healthy plate was. They learned physical activities. They participated on bouncy balls and hop scotch and things that each one of the organizations took ownership of. So we were able to take those activities and share them amongst our group and bring resources collectively together. So we've tried to really work hard and I had said earlier to build partnerships and relationships, because this is about relationship-building and bringing the community together around the problem and letting them know what resources are out there together.

Ms. Mallette: Thank you Mandy. Minister Holmes this one's directed to you. Did you include testimonials from people with diabetes as part of your program?

Rev. Holmes: Do we include testimonials?

Ms. Mallette: Right.

Rev. Holmes: Yes some of the materials that we produce we will get information from churches that have participated and we will get feedback, because we do evaluations and the participants are able to give us their information on the evaluation. Also, from our national office we will make follow-up calls to people within maybe a three to six month period after they've attended a workshop and we get information or testimonials in that manner as well.

Ms. Mallette: Okay, this first question is from Onita Harris. What role does the community health worker play in this initiative and I think that relates to the first presentation.

Rev. Faulkner: Yes, the community health worker was actually they key to our successful implementation and we started at the very top. We started with bishops, we worked down to pastors and then we actually worked with community health workers and we found that the best way to implement the program was to get the permission from the pastor, but to really have them identify the people that they would like to have serve as community health workers. Then really pour all that we had into them so that they had resources and that's one of the, I guess the structural things about the Institute for Leadership. We want to empower leaders to make the

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changes in their community that are necessary to lead them forward and so it was really about empowering them to make the changes that they needed, but community health workers were the key to that strategy.

Ms. Mallette: And that question came from Onita Harris. Onita also is asking Reverend Faulkner what are their duties?

Rev. Faulkner: Well, their primary duty was to be trained and to implement, we had the curriculum and our training was actually two days, two full days of training and so at the end of that training they were prepared and equipped to implement that program and to take it forth and to put it into practice. Then we served as technical advisors to give them technical assistance and feedback and encouragement, most of all encouragement in implementing that which we had told them or not had told them to do, but had given them. One of the key things too, I'll just say this very quickly, we didn't want them to pretend that they were doctors or nurses, or anything but community health workers. Community health workers play a very vital role and I've been told this by doctors and by nurses that they play a vital role in getting people good information at a critical time when they can do the most good and then actually encouraging them to seek out the medical or healthcare professional in order for follow-up or more technical or you know medical assistance in a problem that they're having. Community health workers are really the key to that process.

Ms. Mallette: And Reverend Faulkner, Gema Lane asked how did you identify your faith community ambassadors and did they end up being the community health workers?

Rev. Faulkner: No, the community ambassadors -- that's a great question -- the ambassadors were usually not the community health workers. In a few cases they were, but for the most part the ambassadors were those who basically who had the connections with the community, especially with the community leaders, the faith community leaders and were available. The community health workers usually came as a recommendation from the pastor or the faith leader in that community, because they knew who had interest and where the spiritual gifts lay. We know that in my tradition that is the pastor who not necessarily knows what people are good at, but know where their spiritual gifting is and so forth. So in following that line of thought that was where we identified the community health workers, but it was important for us also to have a healthy community for them to be plugged into so that they could get the input that they needed, the encouragement that they needed and the ability to carry out the program.

Ms. Mallette: And this is another question for you as well. Albert Whittaker writes can you provide a little more detail regarding evaluation? What types of data were you looking for?

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Rev. Faulkner: We were actually evaluated by the New York Academy of Medicine and we were looking for three things. We were looking for were the attitudes changed? Were there developments in people's attitudes toward a healthier life style? Did people make life-altering decisions and what was their understanding of diabetes and all of the factors related to diabetes? So we wanted to help them know what their numbers were and know what caused diabetes or what could potentially cause diabetes and then know how to reduce their risk and then know how to manage that reduction or manage that healthier lifestyle.

Ms. Mallette: And Erica Benton writes, hi was wondering if there's a formal program being implemented in Florida? She'd very much like to be a part of it. She's a registered pharmacist, has an MBA in health care management and she wants more information. I'm not sure whether that's just directed to you Reverend Faulkner or if it's across the board, but if you want to respond to it please do so or the rest of our presenters if you want to respond please do so.

Rev. Faulkner: I'll just say this very quickly. We are in the process of rolling out the Faith Fights Diabetes on a national scale. We're talking to a number of groups about implementing that at a number of different faith groups that are talking about doing that. That email address right there will get to me and I can tell you more specifically about how and what areas we're going to. Florida is one of the areas we're talking with right now. We're also looking at a group near Mississippi that wants to perhaps implement this and another group in Ohio. So we're looking at different places and it's always clusters of churches or worship houses that we will band together with to try to implement the program so we can follow up.

Ms. Mallette: And right here I think we have a comment from Laura Guzman. We have learned when taking the Braille Institute workshops to the community and talk about how diabetes can lead you to blindness people are more willing to do healthy changes like healthier eating and walking at least three times per week. That was the comment. Sonia Islam writes, I'd appreciate any information about testing and evaluation of the Project POWER materials and that is directed to you Minister Deborah. If it's not appropriate to discuss during this call I'd be happy to follow up through separate communication. Did you want to talk some about it or you know do you want to talk off line with her?

Rev. Holmes: When you say testing and evaluation of Project POWER was that the question?

Ms. Mallette: Yes. She says I'd appreciate any information about testing and evaluation of the Project POWER materials.

Rev. Holmes: Okay, if you want to get the materials first of all on the screen when we have the presenters contact information I'm going to direct you to Denise Price Brown who is the ADA staff director for African American programs. Her email address is listed as well if you go to the

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<http://www.diabetes.org> website and you enter in for search African American programs it's going to bring up all of the information about our programs. We even have an online tutorial for our ambassadors where ambassadors can be trained online. So that's one place to start to get that information.

Ms. Mallette: Thank you. Cheryl Track writes and again Minister Deborah this directed to you, are these programs effective in non-African American churches?

Rev. Holmes: Because the programs that we do design through African American Initiatives are specifically targeting the African American community that means that the language, the culture, the recipes, everything that we develop is done so that we can communicate our message directly to the African American community. Now, we do have general information that will speak to the whole of the community, but our initiative is to address high risk populations. I mentioned before we have committees that work specifically with Latino, Hispanic, with Asian/Pacific Islanders, Hawaiians, Native Americans and so although the programs can work with anybody. Some of the language and some of the culture that we include in our materials is really specific to African Americans.

Ms. Mallette: Okay and here's another question directed to you. Is it possible and I think you've addressed this, to get copies? How can I get these resources and I think you've just shared that.

Rev. Holmes: Right, the resources, again if you would like to become a volunteer you can go again to the website and if you specifically target, hit the link that says because it's going to ask you, the link is "In My Community." They're going to ask you for a zip code and they will then give you information about African American programs that are available serving your community.

Ms. Mallette: Thank you and then again this is directed to you. Is it possible to get copies of the pre-post questionnaires?

Rev. Holmes: And again that would come from Denise Price-Brown.

Ms. Mallette: Okay. Then John Nava writes, is there a toolkit with specific roles and tasks to get started and also a timeline to guide development for beginning a program?

Rev. Holmes: All of our workshop materials include timelines. You know, we may say two months out you need to do this whether that's meet with the pastor, select the ambassador, so forth, but regardless to what program we have there's a timeline. There are scripts already prepared. You know, if you were approaching somebody for the very first time we even give

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you the verbiage to use to make that initial call. All of our pre and post-tests, evaluation sheets, everything is included as a part of our workbooks.

Ms. Mallette: Okay and this will be our last question and I think we better wrap the questions up at this point and it comes from Carolina Schlenker. What has been the common thread that has allowed different religious denominations to work together or what is it that they all have in common that creates the trust link necessary for working together? What kind of activity done in homes could represent all faiths? That will be our last question and I think it could be directed to all of our participants.

Ms. Hart: Carol, this is easy and I can answer that question to the degree that we've been involved. Story, a story brings people together. Statistics and all of those kind of things are important to know when you're working in the community, but to understand and listen to people's stories and sharing of stories about who's experienced what, how it's impacted and affected their family, how churches have been impacted with their congregation members and the problems and complications of diabetes that brings people together. It really brings them really emotionally involved and again like Reverend Faulkner said, the passion has to be there for people to become involved and we find story brings people together to want to work and solve some of these common problems.

Slide 35 - Additional Questions or Comments

Ms. Mallette: Thank you Mandy. We don't have time for the rest of the presenters to respond to that, however these questions will be directed to Alexis Williams and you'll have the link to her and she will respond to the remainder of the questions.

Slide 36- Speaker Contact Information

At this time we want to wrap things up. I want to extend a huge thank you to each of our program participants and to our speakers and sponsors. Judging from all we've heard today I think we all will agree that the implementation of programs to prevent and even manage diabetes in faith-based settings can be achieved through careful attention to programs and spiritual factors.

Now I want to turn the program over to Alexis Williams who will talk a little about the National Diabetes Education Program's structural support available to you for diabetes and faith-based efforts and about our survey. Alexis?

Slide 37 - Special offer for today's participants.

Alexis: Hi everyone. Thank you so much for joining us. I'm not going to take up a whole lot of time. I know you all have other places to be. Please go visit our website <http://www.yourdiabetesinfo.org>. If you scroll through the comments we've also put up a link to our stakeholder group social networking page. We'll start a discussion there where you ask

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some of these questions. It does African American/African Ancestry Stakeholder group, but don't worry if you work with other populations. Please feel free to go ahead and ask your questions about today's webinar. We'll also put up links to the resources there too and you can email me, awilliams15@cvc.gov and I will forward your questions on to the presenters or send you information related to your questions.

Slide 38 - Thank You

There were so many great questions and so much information and we've had some people say that we need to have another discussion and I think you're right, so we will look at another opportunity to open this up for more stories, more examples and have more discussion about this important topic, so thank you everyone.

[End of webinar.]