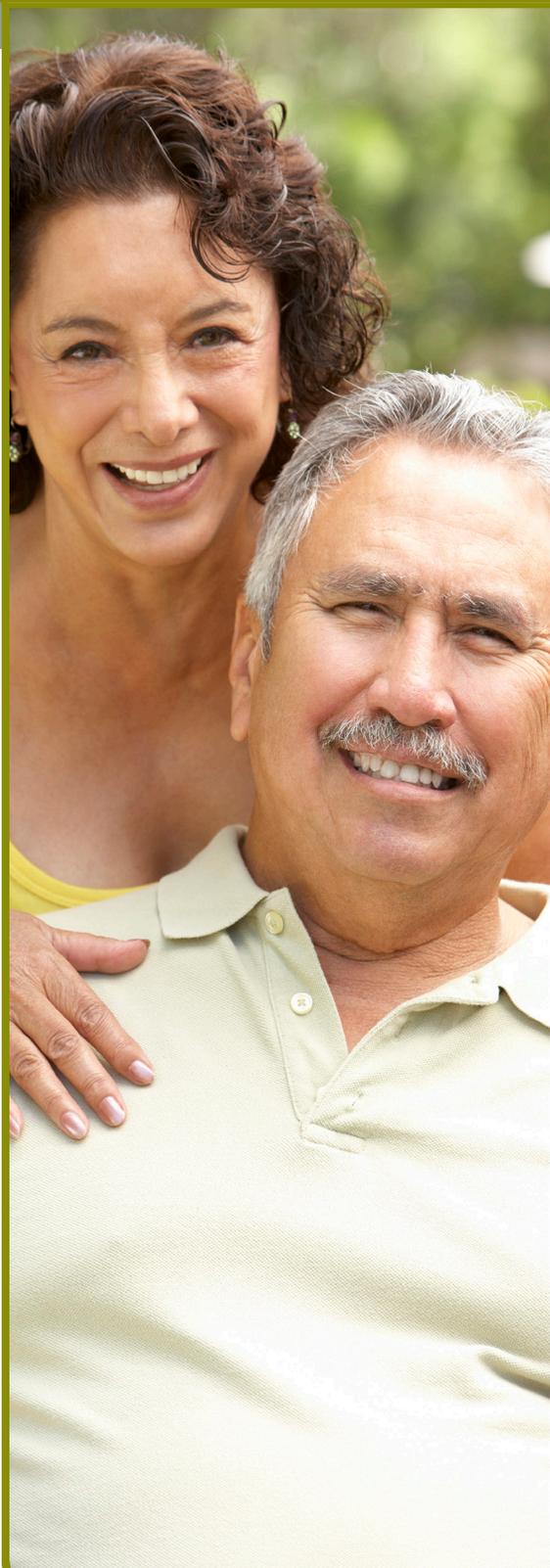


# NATIONAL PROGRAM TO ELIMINATE DIABETES-RELATED DISPARITIES IN VULNERABLE POPULATIONS: 2010–2015

COMMUNITIES IN ACTION: National Alliance for Hispanic Health

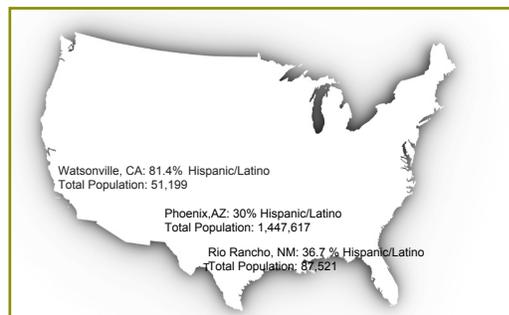


## Who is working to reduce diabetes in Hispanic/Latino communities?

The National Alliance for Hispanic Health (the Alliance) has a history of leadership in the area of raising awareness and improving access to diabetes prevention and management services, physical activity, and nutrition among Hispanic adult consumers. In addition, the Alliance has carried out numerous

diabetes initiatives with community-based organizations around the country over the last ten years.

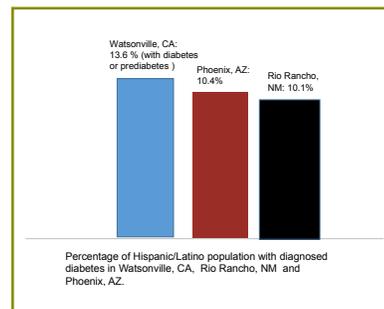
Through the Vulnerable Populations program, the Centers for Disease Control and Prevention (CDC) funds the Mobilizing Communities to Reduce Diabetes (MCRD) program to mobilize and strengthen the capacity of three communities in the West-Southwest region of the United States. The program efforts improve access to effective diabetes management services through the implementation of evidence-based interventions. The three areas selected for this program were Phoenix, Arizona; Rio Rancho, New Mexico; and Watsonville, California.



## Why is the Alliance working to reduce diabetes in Hispanic/Latino communities?

Diabetes is a major cause of morbidity and mortality in Hispanic communities. Overall, Hispanics are nearly twice as likely to have

diabetes as non-Hispanic whites. Among Hispanic adults in the United States aged >20 years, the rates of diagnosed diabetes was 8.5% for those of Central or South American heritage, 9.3% for those of Cuban heritage, 13.9% for those of Mexican heritage, and 14.8% for those of Puerto Rican heritage (CDC, 2014).



National Center for Chronic Disease Prevention and Health Promotion  
Division of Diabetes Translation



The three communities addressed by MCRD have large Hispanic populations and their rates of type 2 diabetes are above 10%. In 2010, 10.4% of Hispanic adults in Arizona and 10.1% of those in New Mexico had diabetes; 13.6% of Watsonville, California, residents had been told they have either diabetes or prediabetes. Despite the large Hispanic populations and the impact of diabetes on Hispanic adults in these three areas of the country, efforts to address diabetes-related disparities among Hispanics have been limited.

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## How is the Alliance working to reduce diabetes in Hispanic/Latino communities?

### Community Mobilization to Action

Three primary partner community-based organizations (CBO) are spearheading local activities in each target area: Concilio Latino de Salud (CLDS) in Phoenix; Youth Development Inc. (YDI) in Rio Rancho; and, Salud Para la Gente (SPLG) in Watsonville. These partners were chosen for their large Hispanic populations as well as their potential for implementing long-term, sustainable community-based diabetes programs.

- CLDS identified and approached numerous community organizations, local and state health departments, and other community stakeholders in the city of Phoenix and in Maricopa and Pinal Counties to serve as partners in their local diabetes coalition, Supporting Action for Latinos United against Diabetes (SALUD). SALUD operates as an official workgroup of the Arizona Diabetes Coalition. SALUD focuses its efforts on seeking reimbursement for community health workers/promotoras who provide diabetes education to the community.
- YDI approached community stakeholders in the city of Rio Rancho and in Sandoval County to serve as partners in their local Rio Rancho Diabetes Coalition (RRDC). The RRDC is the only coalition focusing on diabetes among Hispanics in the Rio Rancho area.
- SPLG convened representatives from several community organizations, for their coalition, Juntos en Acción Contra la Diabetes or United in Action Against Diabetes. The coalition places a special emphasis on outreach to migrant seasonal farm workers.

### Sharing Resources and Building Skills to Address Health Challenges

The Alliance builds capacity among the three community partner agencies to address diabetes among Hispanics by:

- Facilitating webinars on how to conduct a multilevel community needs assessment using the CDC CHANGE tool and other supplemental data sources.
- Providing funds to support the training of master trainers and community lay leaders/promotores for the selected diabetes programs.
- Conducting webinars and on-site group trainings for each coalition. These trainings focus on how to build and maintain a coalition and how to conduct strategic planning.



## Community Interventions

### **Increase the number of lay leaders/promotores trained to deliver diabetes self-management education (DSME)**

Lay health leaders/promotores have been widely and successfully used in diabetes management interventions among Hispanic communities. Research evidence suggests that diabetes management programs using promotores are successful at increasing health knowledge and behavior change in Hispanic/Latinos because they are able to deliver education in a culturally appropriate manner. Lay health leaders/promotores are able to train members of the community by teaching and modeling practical skills for improving health-related behaviors in familiar, trusted, and nonthreatening environments, such as in their own communities.

- In Phoenix, CLDS trained 6 master trainers and 14 lay leader trainers on Stanford University's Tomando Control de Su Diabetes intervention.
- In Watsonville, SPLG trained 15 peer educator trainers on Scripps Whittier Diabetes Institute's Project Dulce intervention.
- In Rio Rancho, YDI trained 21 health educator trainers on Texas AgriLife Extension Service's ¡Si, Yo Puedo Controlar Mi Diabetes! intervention.



### **Increased access to Diabetes Self-Management Education(DSME)**

By training lay leaders/promotores to deliver DSME to adults with diabetes in each community, the community-based organizations aim to provide this service to 300 adults in Phoenix, 150 adults in Rio Rancho, and 120 adults in Watsonville by the end of the program.

### **The Alliance's lessons learned for implementing diabetes programs in Hispanic/Latino communities**

- A strong commitment by CBO partners, project coordinators, and coalition leadership to sustain the program and fidelity of diabetes evidence-based interventions is needed.
- Be prepared for turnover with trained lay leaders.
- Be prepared for difficulty of recruiting and retaining participants for DSME classes.
- Plan for participants' hesitation to provide personal information for program recordkeeping.
- Be prepared for varying literacy levels across DSME participants.

### **TO LEARN MORE ABOUT THE NATIONAL ALLIANCE FOR HISPANIC HEALTH AND THE MOBILIZING COMMUNITIES TO REDUCE DIABETES (MCRD) PROGRAM, PLEASE CONTACT:**

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