Who is working to reduce diabetes in Appalachian communities?

The Center for Appalachian Philanthropy (AppaPhil) provides training and support for nonprofit capacity building, facilitates social entrepreneurship, and acts as an incubator for new and needed programs in rural and distressed counties of Appalachia. Through the Strengthening Communities to Prevent Diabetes in Rural Appalachia project, AppaPhil aims to strengthen vulnerable populations in rural Appalachian communities by providing tools and resources to create community-based solutions that address the risk factors for and complications associated with type 2 diabetes.

Approximately 42% of Appalachia’s population of 24 million people is rural, compared with 20% of the national population.

A quarter of all adults and a third or more of all children live in poverty. Between 2010 and 2012, 15% to 20% of the population was uninsured. Nearly 33% of all adults were obese, 10% had type 2 diabetes, and only 50% were high school graduates.

Although separated by distance, the three multicounty Appalachian communities included in the program have high rates of diabetes and poverty in common. In counties across Kentucky, Ohio, Virginia, and Mississippi, individual and community resources are too limited to address all diabetes-related health problems. The three regional communities for this project include the following:

- **Region 1**: Elliott, Morgan, Wolfe, and Lewis counties in Northern Kentucky, and Scioto County, in Ohio (approximately 120,000 people).
- **Region 2**: Russell and Wise Counties in Southwestern Virginia (approximately 70,000 people).
- **Region 3**: Kemper, Noxubee, and Winston Counties in Eastern Mississippi (approximately 40,000 people).
How is AppaPhil working with Appalachian communities to reduce diabetes?  
Community Mobilization to Action

AppaPhil helps Appalachian nonprofit organizations fulfill their missions and nurtures economic development through social enterprise. For this effort, AppaPhil collaborated with Marshall University in West Virginia to identify and establish partnerships with local organizations. Marshall University has a history of working with Appalachian communities and was familiar with the economic and health care capacities of each of the three targeted communities.

The selected communities in each region formed their own diabetes coalitions. Several types of partners were recruited to the coalitions, including representatives from hospitals, county health departments, and agricultural extension offices. For each of the three regions, a community facilitator was hired to help streamline activities, coordinate programming across communities, and train community partners to collect and analyze data.

Sharing Resources and Building Skills to Address Health Challenges

AppaPhil provided the three communities with a variety of resources to assess community needs and health challenges.

• A World Café session was used to promote conversation between parties to address community challenges. The World Café method includes reflective graphics, which involves capturing in real-time the words, images, and thoughts expressed during a discussion session. Each community used this technique to “paint a picture” of its existing resources and assets.

• Webinars were conducted to facilitate building and developing county coalitions. Key topics covered in the training modules included strategic planning, implementing interventions, and evaluating the extent of their success.

• Training was provided for church representatives to help them understand their potential roles as providers of health information and activities leading to healthier lifestyles.

Community Interventions

The following are some of the interventions included in the strategic plans and carried out by the three regions.

Group Physical Activity

• The Turtle Challenge is the most popular activity in the Kentucky-Ohio and Virginia communities to increase physical activity. It is a 4- to 8-week program using team competitions to build participants’ levels of activity from as few as 10–15 minutes to the goal of at least 150 minutes of activity a week.
Faith-Based Linkages

• Several churches serving Appalachian communities in Mississippi, Kentucky, and Ohio are participating in AppaPhil’s Faith-Based Linkages for Health program. Church leaders have been trained to address the wellness needs of congregation members through health assessments and the establishment of church health teams. Approximately 34 church health teams have been developed to promote and educate members on diabetes self-management, healthy eating, and increased physical activity.

Improvements to the Built Environment

• Three Kentucky counties—Elliott, Morgan, and Wolfe—improved walkability by building new walking trails or increasing awareness of existing facilities. Both Elliott and Wolfe Counties have regional cultural centers that incorporate nature trails for recreation. Elliott County has built a new walking trail at a central school, and is working with the school to incorporate walking into learning-centered activities. Morgan County was hit by a destructive tornado in spring 2014. During rebuilding, new facilities and improved sidewalks were added in the downtown areas.

AppaPhil’s lessons learned for implementing diabetes programs in Appalachian communities

• Engaging coalition members in the work and appreciation for the possibility of positive change drives the success of the program.

• Helping the communities understand the underlying social determinants of health has great value.

• Helping each community to better understand its capacity, assets, and resources leads to better interventions.

• Considering cultural sensitivities is essential when recruiting and engaging participants. Appalachia overall has unique cultural qualities, but each Appalachian community is also unique from the others.