



## I CAN Prevent Diabetes

Heart Disease & Stroke

Diabetes Prevention

### Description

WellShare International's I CAN Prevent Diabetes (ICD) program's mission is to create sustainable, culturally-appropriate approaches to and tools for preventive community health to support the Somali community in the Twin Cities. Three WellShare Community Health Workers (CHWs) led classes on behavior change to reduce the risk of diabetes through a culturally adapted version of the evidence-based National Diabetes Prevention Program. The team tailored programs and interventions to be culturally-appropriate and specific. Activities included the creation of a culturally-specific pre-diabetes and weight management informational DVD in Somali to supplement the curriculum. WellShare also offered trainings to the Minnesota CHW Peer Network to increase topical knowledge and skills.

### Project Rationale

There are large disparities for Africans and African Americans in diabetes, heart disease, and stroke when compared to white Americans, including higher rates of death and younger ages of death. Diabetes, heart disease, and stroke are three of the six leading causes of death in Minnesota, according to the Minnesota Office of Minority and Multicultural Health. Through the I CAN Prevent Diabetes program activities, WellShare International expects to see a reduction in negative health outcomes such as diabetes diagnosis and unhealthy weight gain, as well as increased consumption of healthy food, increased daily physical activity, and an increased sense of well-being and trust in the services of CHWs.



### Population Served & Geography

Somali adults within the Twin Cities metro area.

### Project Partners

WellShare International's Somali Advisory Committee, CHW Peer Network, Hope Health Adult Day Center, Somali Senior Center, Skyline Towers, Franklin Terrace, Cedar Riverside Pavilion, Minneapolis Television Network, Pillsbury United Communities, Cedar Riverside Safety Center.

"The most important thing about cooking is limiting the amounts you use from salt, oil, and sugar. And now I reduce all three of these. Personally, I used to like when the amount of sugar in my foods is more, but now because of this class I reduced that... My health is changing, my weight is changing, I am feeling much better."

### Impact of Culturally-Adapted NDPP Classes in the Somali Community

Working to adapt the National Diabetes Prevention Program (NDPP) to increase its effectiveness with Somali participants meant not only changing the language, but also re-framing the curriculum's messaging. Community Health Workers (CHWs) from WellShare International began by teaching about the importance of respecting one's body through physical activity and healthy eating. Islam teaches that health and one's body is a gift from Allah, and taking good care of it is a sign of respect. Typical food in Somalia was fresh and unprocessed, and the traditional cooking with oil was counterbalanced by high levels of physical activity as a necessity of daily life.

The adapted curriculum discusses the importance of recognizing how life has changed in the United States, and, as such, how a person must change their habits to stay healthy. CHWs helped clients to understand how to be healthy in Minnesota as form of respecting their physical body. Participants reported a sense of improved well-being, more intentional daily physical activity, and healthier food habits for themselves and their families.

### Successes

- Creating the first handout for providers on how to discuss pre-diabetes with Somali patients.
- Creating and distributing 100 diabetes prevention DVD's for the Somali community.
- Training 75 CHWs on topics that will help them to support their Somali clients.
- Training 4 CHWs in the I CAN Prevent Diabetes curriculum.
- Pilot of the NDPP adaptation resulting in increased understanding of pre-diabetes risk factors for 100% of participants.
- Outstanding attendance and community interest in elder exercise classes.

### Challenges

- Environmental factors, e.g. transportation to attend classes, inclement weather, and a lack of comfortable places for participants to exercise.
- Lack of economic resources for participants to purchase healthy food.
- Lack of information about culturally relevant, evidence-based resources for pre-diabetes on which to model the program.
- Lack of culturally relevant tools for collecting data.

### Cost Savings

According to the American Diabetes Association, diabetic care for one person costs approximately \$7,900 on average annually. (<http://www.diabetes.org/advocate/resources/cost-of-diabetes.html>) The I CAN Prevent Diabetes program costs \$2,685 per participant (including the cost of the DVD production, the provider document, the CHW Peer Network, and all EHDI program activities). If program graduates stay diabetes-free, this program will represent a cost savings of \$5,215 in the first year alone.

### Key Evaluation Findings 2012-2013

Findings on risk reduction through diet

- In both Session 1 and Session 2, all focus group participants (n=20) reported eating healthier meals in many different ways including reducing sugar, salt and oil, limiting portion size and focusing more on lean protein as well as fruits and vegetables.
- In Session 2, 88% of respondents said the program helped with their healthy eating goals.

Findings on risk reduction through exercise

- 100% of participants report exercising in the previous 24 hours during focus groups. Physical activity reports include walking, stretching and weights, and an exercise DVD.
- 88% of participants said the program helped with their physical activity goals.

Prevention of diabetes and reduction of risk for cardiovascular disease

- 29 out of 77 participants decreased BMI by any amount and all focus group participants reported participating in regular exercise.



This activity is made possible by a grant from the Eliminating Health Disparities Initiative (EHDI) of the Minnesota Department of Health's Office of Minority & Multicultural Health, through an appropriation from the Minnesota State Legislature.