

NDEP Forms Working Groups to Reach Minorities

By Jean Oxendine

Closing the Gap, Diabetes • February/March 1999

Using focus groups and pilot sites, the National Diabetes Education Program (NDEP) is trying a new approach to raising diabetes awareness in minority communities. Specific public awareness campaigns—designed by minority working groups for their respective community members—aim to show the “many faces of diabetes.” These campaign messages will be delivered via television, radio and print public service announcements (PSAs), and through the program’s Partnership Network of more than 100 public and private sector organizations.

Each racial and ethnic minority working group began planning and, in some cases, implementing these efforts during 1998. Steering committee members representing each of the minority racial and ethnic groups shared information on their programs and interests as they relate to their specific group.

Asian Americans/Pacific Islanders

Stephen Jiang, executive director of the Association of Asian/Pacific Community Health Organizations (AAPCHO), located in Oakland, CA, said he became involved with the NDEP program several years ago at the first NDEP planning meeting. At this time he serves as chair of the NDEP ad hoc work group on Asian American and Pacific Islanders.

Mr. Jiang said that the AAPI working group is “developing strategic messages to best reach limited-English-proficient (LEP) and low income AAPIs diagnosed with diabetes.” The group is also looking at the entire AAPI population that has been diagnosed with diabetes to serve their needs as well, according to Jiang.

In addition, AAPCHO is working with the Centers for Disease Control and Prevention (CDC) to look at how the community perceives and addresses diabetes. “We are studying the infrastructure, including providers, systems, and patients, to determine the best ways to meet the needs of AAPI people with diabetes,” said Jiang. “To date NDEP has been open to listening to the AAPI community,” according to Jiang.

For AAPIs, Jiang hopes NDEP will look at how diabetes is perceived at the community level as far as knowledge and understanding.

“If there is a diagnosis of diabetes, and if the person is an AAPI, they need to determine which information is culturally and linguistically appropriate for this population. For example, there is information available on diet, but what about AAPI food items? We see information on hot dogs, but this is not part of the AAPI diet.”

Jiang also commented on publications that he considers culturally insensitive, such as the promotion of regular exercise by carrying golf bags rather than riding in the cart.

Another important objective, according to Jiang, is to encourage NDEP—along with NIH and the CDC—to work directly with AAPI communities in order to determine their needs first hand.

African Americans

The NDEP African American work group held its press briefing on September 19, 1998, in Washington, D.C. Key figures in health care including Surgeon General David Satcher, MD, and Gary Dennis, MD, president of the National Medical Association, sat on the panel.

Members of NDEP’s African American working group attended the launch as well, including Mary Clark, chair of NDEP’s working group on African Americans. She began working on diabetes in 1994. Clark became acquainted with the NDEP through her work with the CDC’s “Diabetes Today” Program and NIH’s National Eye Institute Health Education Program. “Most of the individuals on the African American working group have been involved with the CDC and NIH, and all members either have diabetes or have a family member with diabetes, or are health care professionals.”

“The African American working group is implementing media interventions in companion with community-based interventions,” said Clark. The pilot sites will share their community intervention efforts through the media—particularly the African American media. “We will look primarily at encouraging and promoting healthy eating, nutrition, and physical activity,” said Clark.

The efforts will focus on senior housing, community health centers, and churches, to start. “We are using a variety of outlets to get the message across,” said Clark. By using community and media interventions at the same time, this will keep the press informed and will help promote the message.

Instead of starting something completely new, we are trying to see what happens in pilot sites when you incorporate the message into current programs, Clark said.

American Indians/Alaska Natives

According to Kelly Moore, MD, acting chief medical officer and area diabetes consultant for the Billings, Montana, area Indian Health Service, and American Indian/Alaska Native (AI/AN) working group member, “I was asked to become a member of the group by the chair of the group, Yvette Roubideux, MD, because I work with clients who have diabetes and I work with IHS, tribal, and urban diabetes programs based in Montana and Wyoming.”

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The Association of American Indian Physicians (AAIP)—of which Dr. Roubideaux is the president-elect—began working with the National Diabetes Education Program in 1997 through the formation of a diabetes committee. Several members of that committee now serve on the NDEP AI/AN work group. The AAIP Diabetes Committee conducted a series of focus groups to gather input from tribal leaders, Indian health professionals, and American Indian community members to guide the development of culturally appropriate diabetes education materials for NDEP.

Currently, the AI/AN working group is developing a national PSA, and plan to release a message that will appeal to most AI/ANs. “It is difficult to do this because we need to appeal to all Indians and there are many different tribes. The PSA must represent diversity,” said Dr. Moore.

The script, “Dancers,” and another television PSA, were focus group tested in the Dakotas. The “Dancers” was favored by the majority of the focus groups. It was felt to be culturally appropriate and motivating. Now the group is searching for a production company that is culturally sensitive and has experience with AI/AN projects. The work group hopes to use an AI/AN production company, if possible.

The recurrent theme in the PSA focus group testing and in the AAIP Diabetes Committee focus groups has been a return to traditional values. According to Dr. Moore, “We want our audience to understand at least two underlying messages: that diabetes is threatening the future of our people but that there is hope.”

Dr. Moore said the AI/AN culture and traditions will only be preserved if the older generation assumes control of their diabetes. And, she said AI/AN people must learn that they *do* have a choice about their health. If they eat healthy, exercise and play an active role in other self care practices related to diabetes, they can make a difference.

One difficulty with the AI/AN group is the number of different tribes that the PSA will attempt to reach. “We wanted to show traditional foods, but with so many different tribes, this was difficult, as food for each group might be different,” said Dr. Moore. The PSAs will show corn, beans, and squash—foods that are traditional Indian foods for most of the groups.

“The scenes from the PSAs depict traditional weavers, drum players and storytelling to the children by elders,” said Dr. Moore. “There are also images of different people with diabetes practicing healthy behaviors while discussing how to control their diabetes.”

Hispanics/Latinos

NDEP has developed Hispanic PSAs for television which are being aired in primetime on UNIVISIÓN. The campaign, “Rayos y Truenos,” has won an award of excellence from the Health Improvement Institute.



Eliana Loveluck, chair of the NDEP Hispanic working group, got involved with NDEP when the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) was invited to the initial NDEP planning meeting.

“COSSMHO took special interest in becoming involved in NDEP due to the need for education about diabetes in Hispanic communities, and because of the work COSSMHO has conducted in the past on this particular disease,” said Loveluck, project director for AIDS and Chronic Diseases at COSSMHO.

Loveluck said the working group is involved in several projects to benefit Hispanics. “Our role has been to advise NDEP with respect to Hispanic participation in NDEP, the development of the media and educational materials and campaign, and overall guidance for tailoring NDEP’s work so that it is relevant to the needs of Hispanics in the United States,” she added.

Loveluck noted that NDEP has relied on representatives of minority populations by involving them from the beginning and at every step of the process. “There has been a genuine desire to incorporate diverse communities from the outset and this has worked very well,” said Loveluck. “However, all of the ‘minority’ organizations that participate in this endeavor are asked to do so for other campaigns and health promotion efforts,” she added. She also stressed that, although clearly invested in this effort, it has meant providing staff and resources that a majority of these organizations don’t have. This in turn has placed an increased burden on these organizations to serve as technical advisors on cultural and linguistic competence for others.

Loveluck said follow-up is an essential aspect of what needs to be stressed for the Hispanic component of NDEP. “Because Hispanics have the lowest rates of health insurance and face numerous other obstacles in accessing health care services, NDEP must work in partnership with organizations that have the capacity to educate Hispanic communities and ensure follow-up on the information provided,” said Loveluck.

According to Loveluck, it is important to provide support and technologies to maintain behavior change, and to provide health care services in a culturally and linguistically competent manner. She said it’s not enough to simply educate someone about a particular disease or its risk factors, or steps to prevent the disease, if that individual cannot be referred to community mechanisms and organizations that can help.

When planning and implementing the NDEP, Loveluck said, “It is essential for NIH and CDC to know that the needs faced by our communities are vast, and the resources are not being adequately allocated for those very communities to take control of meeting their health and human services needs,” said Loveluck. ❖

