Community-Based Organizations Preventing Type 2 Diabetes in Rural Counties of the Diabetes Belt

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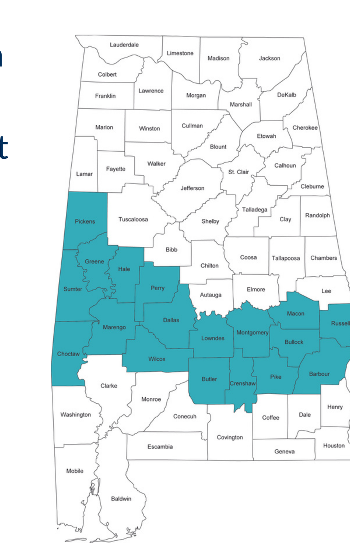
Introduction

In Alabama, diabetes was the seventh leading cause of death in 2019, and 13.9 percent of the adult population reported being told they had diabetes. Diabetes is especially prevalent in rural areas of Alabama's Black Belt, an area considered part of the U.S. Diabetes Belt, as designated by the Centers for Disease Control and Prevention (CDC). This poster will examine lessons learned from three Alabama community-based organizations funded by the Black Women's Health Imperative (BWHI) to establish the National Diabetes Prevention Program (National DPP) in the rural communities of Montgomery, Selma, and Tuscaloosa, Alabama.



Diabetes in Alabama

Percentage of Adults Told They Have Diabetes[2]

Race	
White	13.3
African American	17.3
Household Income	
Less than $15,000	21.2
$15,000-24,999	17.4
$25,000-34,999	17.2
$35,000-49,999	11.5
$50,000-74,999	10.8
Education	
Less than high school	19.3
High school or GED	15.2
Some college	12.5
College graduate or higher	11

The Diabetes Belt

The Diabetes Belt is mainly in the southern portion of the U.S., consisting of 644 counties in 15 states. People in this area are more likely to have type 2 diabetes than those in other parts of the country. Obesity and inactivity account for nearly a third of the increased risk for type 2 diabetes that scientists noticed in people living here.

People in the Diabetes Belt are more likely to be African American and at higher risk for type 2 diabetes. People in the Diabetes Belt also are less likely to have a college degree. Lower education levels are associated with increased risk for type 2 diabetes.[1] Many residents at risk for type 2 diabetes did not have access to the prevention program as a resource prior to BWHI and their Alabama partners establishing the National DPP in the high-need rural counties they serve.

Change Your Lifestyle. Change Your Life.™

BWHI was one of six national organizations selected to take the National DPP to scale in 2012. In 2017, when the CDC required grantees to establish the National DPP in counties where it did not already exist, BWHI partnered with community-based organizations in Alabama, Mississippi, and Louisiana to offer the program.

Change Your Lifestyle. Change Your Life.™ (CYL²™) is BWHI's lifestyle change program delivered through a cooperative agreement with the CDC as part of their National DPP. Since its inception, BWHI has expanded CYL²™ to several cities throughout the United States. CYL²™ is a yearlong program that gives participants tools and support to help prevent type 2 diabetes and other chronic conditions such as heart disease, high blood pressure, and high cholesterol. Affiliates offering the program focus on providing it to those most at-risk, such as African Americans, Latinos/Hispanics, and Medicare and Medicaid beneficiaries.

Program Challenges

- Staff and healthcare provider buy-in
- Workflow integration
- Coach and participant recruitment
- Participants' limited access to medical care, resources, and healthy food
- Infrastructure challenges, such as transportation and reliable internet
- Economic disparities and other social determinants of health
- Tech literacy, especially related to virtual program delivery
- Health literacy around education about diabetes/prediabetes
- Digital marketing methods that may not be reaching the right audience
- Although healthcare providers refer patients, many patients do not enroll
- Many participants do not want to commit to one year
- Many participants do not want to do the program virtually
- Some Medicare recipients do not want to provide their insurance information

Profiles of Community-Based Organizations Offering CYL²™ in Alabama

	Rural Health Medical Program, Inc.	The Wellness Coalition	Whatley Health Services
Mission	Rural Health Medical Program, Inc. (RHMPI) offers quality primary and preventative healthcare services while providing an exceptional customer experience at an affordable cost throughout the Black Belt Region.	The Wellness Coalition (TWC) facilitates a coordinated, community-wide system to improve the health and wellness of people with limited or no health insurance through collaboration, services, and education.	Whatley Health Services, Inc. (WHS) is a private, nonprofit, community health center whose mission is to provide primary health care services to those in need.
Services Provided	Women's health, men's health, pediatric/adolescent health, laboratory, dental, vision, podiatry, mental and behavioral health, annual wellness program, chronic care management, diabetes prevention, smoking cessation, immunizations, and more	Wellness case management, coaching, and other services are provided at no-cost to River Region residents to help them manage and prevent chronic diseases, including diabetes, heart disease, high blood pressure, hypertension, obesity, and more	Chiropractic, dental care, family medicine, health promotion/disease prevention, HIV/AIDS outpatient primary care, internal medicine, laboratory, mental health, nutrition, pediatric/adolescent medicine, pharmacy, podiatry, and women's health
Counties Served	Clarke, Dallas, Perry, Marengo, Monroe, Wilcox	Autauga, Elmore, Lowndes, Macon, Montgomery	Greene, Hale, Lamar, Pickens, Sumter, Tuscaloosa, Walker
Screening, Testing, and Referring	RHMPI is a FQHC located in 6 rural counties across the Black Belt. They use a CDC-approved web-based risk assessment to determine the eligibility of community participants and encourage providers to make referrals to the program coordinator through the EHR system. Eligible potential participants are contacted within a week and invited to an upcoming meeting to capture their participation promptly.	TWC is a community-based organization with a bi-directional partnership with a local FQHC that refers eligible patients. TWC's staff calls patients within 24-48 hours of the referral to discuss the program and enroll patients. The provider is informed whether the patient enrolled or declined. TWC also uses digital and traditional marketing to promote their program and boost enrollment.	WHS is an FQHC that provides program coordinators access to electronic health records. Reports of patients with BMIs of 25+, 18+ in age, and/or a prediabetes diagnosis are given to the program staff, who screen to ensure the patients are eligible. Lifestyle coaches then contact and enroll patients. WHS also utilizes social media to share an electronic prediabetes risk test.
Program Participant Profile	The target population includes those 18 and older within the patient population, patients with Medicare, or eligible community members who want to understand a diagnosis of prediabetes.	The target population is adults in Alabama's River Region with, or at risk of, chronic diseases and with limited or no health insurance.	The program helps adults across West Alabama. Many participants are African American women who are middle-aged and who reside in the urban region of Tuscaloosa County.

Lessons Learned

- Healthcare provider referrals are the most effective recruitment method.
- Leadership's involvement and support of the National DPP program is important in ensuring the cooperation of planned program operations.
- Multiple methods of communication are vital in delivering messages/content about the program to potential participants – there is no one-size fits all approach.
- The program's success is due to the collective strength of a dedicated team, comprised of an engaged program coordinator, proficient communications staff, and enthusiastic lifestyle coaches.
- Proactively mitigating barriers to participation can reduce program challenges.
- Data and communication tracking with potential participants help to automate workflows to increase enrollment.

Recommendations

- Promote the program early and regularly.
- Ensure healthcare providers are educated/knowledgeable about the program.
- Combat disinformation.
- Cross-train staff by integrating the program into other initiatives for referrals.
- Coordinate additional services between financial and medical teams.
- Provide technical assistance to participants and coaches.
- Stay proactive and be creative, especially to increase meeting participation.
- Engage passionate lifestyle coaches willing to learn as they go and provide ongoing support to them.
- Get assistance from the partnering organization for sustained success.

References

1. Barker LE, Kirtland KA, Gregg EW, Geiss LS, Thompson TJ. Geographic distribution of diagnosed diabetes in the U.S.: a diabetes belt. Am J Prev Med. 2011 Apr;40(4):434-9.
2. "Diabetes Ranked AL's Thirteenth Health Indicator." AlabamaPublicHealth.Gov, 22 Apr. 2022, www.alabamapublichealth.gov/healthrankings/assets/2020_sha_health_indicator_13.pdf

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