

Asian Center – SE MI Diabetes Prevention Program Mid-term Report

Diabetes Prevention Program (DPP) at Asian Center – Southeast Michigan (AC-SE MI)

The goal of the DPP at AC-SE MI is to use the DPP curriculum developed by CDC (Center for Disease Control and Prevention) to teach community pre-diabetic patients to keep or pro-long their healthy life without the disease. The CDC curriculum is a yearlong program, and each workshop is recommended for about 15 participants. With the planning, recruiting and data analyses of the program, there can only be one class per ethnic group during the funding period. Our approach is to team up with community organizations in each ethnic group to make the program more efficiently; and also it will be more effectively when the community health workers can work directly with their own members. Table I shows the Asian ethnic groups involved in our DPP and their community partner organizations.

Table I Partner Organizations:

Ethnic Groups	Community Organization Partner
Asian Indians	ISSO Shree Swaminarayan Temple in Pontiac
Chinese	Association of Chinese Americans in Madison Heights
Koreans	Korean American Cultural Center of Michigan in Southfield
Philippines	Philippines Nurse Association of Michigan in Southfield

DPP Curriculum

The DPP curriculum developed by CDC includes 2 parts:

1. 16 weekly sessions to be completed within 4 to 5 months depending on agreed schedule between the instructor(s) and participants
2. 8 monthly sessions to be completed within 7 to 8 months depending on agreed schedule between the instructor and participants

The topics of each weekly and monthly session are listed in Table II.

Table II CDC curricula

Weekly		
	Session I	Introduction to the program: set the stage for the entire Prevention T2 course
	Session II	Provide the core principles of getting active
	Session III	Provide the core principles of tracking activity
	Session IV	Provide the core principles of healthy eating
	Session V	Provide the core principles of tracking food
	Session VI	Provide the core principles of increasing activity level
	Session VII	Provide the core principles of caloric balance
	Session VIII	Teach participants how to buy and cook healthy food
	Session IX	Teach participants how to reduce and deal with stress
	Session X	Teach participants how to find time to be active
	Session XI	Teach participants how to cope with triggers of unhealthy behaviors
	Session XII	Teach participants how to keep their heart healthy
	Session XIII	Teach participants how to replace harmful thoughts with helpful thoughts

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	Session XIV	Teach participants how to get support for their healthy lifestyle
	Session XV	Teach participants how to stay on track with their eating goals at restaurants and social events
	Session XVI	Help participants reflect on their progress and keep making positive changes over the next six months
Monthly		
	1	How to start losing weight again when their weight loss slows down or stops
	2	How to overcome barriers to taking a 2-minute fitness break every 30 minutes
	3	How to cope with some challenges of staying active
	4	How to stay on track with their fitness goals when they travel for work or pleasure
	5	Give participants a deeper understanding of type 2 diabetes
	6	Give participants a deeper understanding of carbohydrates
	7	How to have healthy food that they enjoy
	8	How to cope with the challenges of getting enough sleep
	9	What to do when they get off track with their eating or fitness goals
	10	Help participants reflect on their progress and keep making positive changes over the long term

The weekly topics are straight forward, and all have to be discussed. The monthly topics are more flexible, they are chosen by the participants and the instructor(s) jointly together from a given list of 10 topics; and can actually include other topics the participants are interested. But at least 6 out of the 10 listed here have to be chosen during the monthly maintenance period. In our program, we actually include some cooking demonstration, food tasting to make the sessions more interesting. It's a lesson-learned that participants tend to relax if an activity is not weekly; a monthly gathering can easily lose participants if we don't put in extra attraction. This is based on our own past experience from the community health services.

Program Progress and Summary

We started this program by discussing the need of preventing diabetes with each ethnic group, and so the partner organization can participate in the planning, focusing on logistics of recruitment, class room location and scheduling etc. With the partner organization's involvement, we shared the experience with the eager community health workers who wanted to offer this service to their community. And the community organization is the key player for recruitment.

There are 2 major tasks for program acculturation: curriculum translation and food calorie references. During the recruitment period, each ethnic group has to translate the curriculum into their native languages, as many members speak limited or no English. This is a major task to translate 176 pages weekly and 156 pages monthly curricula. Other than Philippines group, all others have to translate into their native language(s). For the Asian Indian group, it was translated into both Hindi and Gujarati; the class was actually taught in Gujarati since majority of the participants are Gujarati. But some Gujarati participants only read Hindi. It is a unique

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situation for Asian Indians. Translation takes the most workload upfront, and continuously throughout the program.

The second major task is to search for common food for each ethnic group. Each Asian ethnic group has its own preferred diet, the commonly used calorie counter reference books we obtained for the program are not applicable to their diet. Each group has to google their own diet and popular food with calories and fat content so the participants can actually use them to calculate the calories and fat contents as required for their weekly diet journal. Thus the preparation work beforehand is very heavy, and it is one of the reasons we delayed the start in many groups.

The DPP workshop usually starts with session zero which is to brief participants the yearly program curricula, in addition to the required registration, pre-(self health assessment) and A1C testing. The A1C testing (not in CDC's requirement) is added to our program as a biomarker to determine whether it can be used as an objective gage to the effectiveness of the program.

All 4 ethnic groups in our proposal started their session by mid spring of 2017 and the major program data are summarized in table III.

Table III Program Summary

	Chinese	Asian Indians	Koreans	Philippines
Instructor	Janilla Lee Assistant: Liquin Yang	Mayuri Patel and Meera Vijan	Jeehan Lee and Mi Dong	Sonia Montano Assistant: Hilda Kittinger
Location	Assoc. of Chinese Americans, Madison Hgts	Asian Indian ISSO temple in Pontiac	Korean Amer Cultural Center of Michigan in Southfield	PNC Center in Troy
Session Zero	10/18/16	4/16/17	3/20/17	5/10/17
Weekly Session starts	10/25/16	4/23/17	3/27/17	5/17/17
Weekly session ends	3/21/17	8/20/17	7/17/17	8/30/17
Monthly session starts	4/20/17	9/17/17	8/14/17	9/13/17
Status as of 8/31/17	2 more monthly to complete the program	First monthly session started	Completed the first monthly session	Completed the weekly sessions.
# of enrollment	17	20	21	15
# of participants as of 8/31/17	11	15	16	15
# of completion expected	11	15	14	15

At the completion of their yearly program, each participant will receive a certificate of completion, program evaluation, post-(self-health assessment) and another A1C test. We also plan to take a class picture as our record and participants' souvenir. AC-SE MI will do the data analyses which

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include: pre-/post- and pair-wise data analyses, pre-/post-A1C data analyses, summary of program evaluation by participants, participants qualitative/narrative comments.

Program Journals

To keep up with the report requirement by our team, each instructor is asked to write session summary (both weekly and monthly) to help them prepare for their final report. In the mid-term report, we include 2 or 3 weekly session reports from each ethnic group to share some experience.

Chinese Group

Session 4, 11/15/16

Today we learned healthy eating. Emphasized several times that it is more critical to eat less fat than less carbohydrate for diabetes patients. Reviewed how to record fat content in their diet journal, a few participants had not recorded their fat content yet, encouraged them to take on the task starting this week.

Noticed that participants #11 & 13 (a couple) didn't seem to understand how to calculate calories from their weekly diet journal, so I asked Liqin to help them outside of class time. Also asked the couple to come in an hour earlier next week to take a private lesson how to record their diet journal.

Session 9, 1/17/17

We discussed how to do problem solving. I asked for any problem to be used in class as an example of the process, but no one offered any of their problems. Chinese are not willing openly to show "their problem". I had to use my bad habit of eating snacks as our example. The participants felt uncomfortable to even offer solutions to my problem, they were afraid it would embarrass me. This is very typical Chinese. Luckily with my own proposals plus a few from them, we were able to at least go thru the process. Have to find another example in the next few sessions to go thru this again.

Asian Indians

Session 3, 5/ 7/17

Met with Mayuri mid-week to review trackers from week 2. Only a couple of people wrote down their daily food intake accurately and their fat grams. Most people did not comprehend how to look up fat grams in their daily intake.

Reviewed again how to keep track of their weight chart as well as fat grams. Provided handouts of Nutrition values in Indian food especially Gujarati food. Gave out \$5 to the best tracker as an incentive for people. A1C was measured by med students from U of M on 15 participants.

Session 11, 7/9/17

Today's session discussed negative thoughts and how to overcome them. Some of the people in the class related to the negative thoughts especially on the fact that this program is too hard. They realized that each has a different pace and they should not compare themselves to some

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of the participants that are doing well in losing weight and exercise with discipline. This motivated a couple of participants who are irregular in their attendance to decide that they will make the effort and work at their pace. Some people are doing very well, others have lost some weight and some are still the same.

Korean

Session 6, 5/1/17

This session we continued discussion physical activities followed from last week, and how we can try to improve how much physical activities we do. We also discussed how we can make it a habit in our daily lives and learned several exercises that we can easily do. Surprisingly all of our participants surpassed our physical activity goal minutes of 150. For next week, I challenged everyone to increase their physical activities to 15 more minutes than what they did last week.

Session 12, 6/19/17: Slippery Slope of Lifestyle Change

Today we discussed the slippery slope of lifestyle change and when we slip and why we slip. Slips are times when we do not follow our plans for healthy eating or being active, and everyone in the class acknowledged that slips are happened even they want to keep their plan carefully. The main point we discussed at the class was that the slip should not make individual person to gave up their desire to do better. You need to recognize that you are slipping once or twice, but you have to stand up and do all over again without hesitation. Participants agreed that slips do not hurt progress individual is making because it is life time commitment.

Philippines

Session 7, 6/28/17

Concept of Calorie Balance discussed. The chart on page 4 regarding Balancing food and activity Calories was for some attendees, quite confusing. What Hilda and I decided was to let some of the participants look at their Calorie King Book (others used the My Fitness Pal) and find deserts that they like best, their calories and Fats and give suggestions how to prepare them and eat them the healthy way(without too much Calories and Fats).

Group did 7 minutes of dance steps led by Hilda.

Encouraged some participants that have not lost weight to get serious with their tracking and physical activities and perhaps keep close attention to their fat gram food choices.

Reminded participants regarding their goals and to plan ahead with regards to the food choices they will be making during the 4th of July Holiday and to increase their physical activities during that week.

Session 14, 8/16/17

Introduced social cues and its control over our eating and doing physical activities. We brainstormed different actual social cues and our responses to the problem cues that become our “habits.”

A participant mentioned that the presence of the DPP participants bringing healthy foods during the Philippine Nurses Association picnic (August 12) made the non-DPP participants go to the table where the healthy foods were, instead of getting the unhealthy items.

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Some DPP participants, during the picnic, received compliments about looking “great and fit!”

This coach pointed out to the participants that they were able to influence other person’s habit by bringing healthy food cues at the picnic and by looking fit.

Coaches tested the participants regarding the different ways in responding to social cues to ensure that today’s key messages resonated with them. Gave some old, used books, trinkets and keepsakes as prizes to those who were able to answer the questions. Their feedback: it was well appreciated.

Asian Center – Southeast Michigan

September 30, 2017