



Process Evaluation of *La Diabetes y La Unión Familiar* Pilot Study

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Introduction

The Southwest Center for Community Health Promotion (SWCCHP) is funded by the Centers for Disease Control and Prevention (CDC). The SWCCHP is one of 33 centers that support collaborations between local research centers and community partners. The SWCCHP's goal is to contribute to the prevention and control of chronic disease, especially type 2 diabetes, in communities along the U.S.-Mexico border. By developing culturally competent strategies, these organizations are able to promote healthy behaviors to reduce the medical costs associated with chronic illness.



Chart 1: U.S. – Mexico Border Communities

The SWCCHP program focuses on the prevention and control of diabetes and the comorbid conditions of obesity and depression. The SWCCHP thus conducts intervention research on type 2 diabetes in Cochise County with a focus on increasing physical activity and promoting healthier eating habits. The research consists of three behavioral and one policy component.

The three behavioral components focus on: diabetic patients, the family of the diabetic patient and community members. Along with implementing education classes, each component consists of a core survey, component specific pre and post tests, blood work and anthropometric measurements.



Figure 1: Episcopal Church in Douglas, AZ

La Diabetes y La Unión Familiar: Pilot Study

The SWCCHP *La Diabetes y La Unión Familiar* Project is an adaptation of the *Border Health ¡Si!* Diabetes and the Family curriculum that was implemented in Yuma and Santa Cruz Counties from 2000 to 2003. The curriculum was adapted for implementation in a new community as well as adding additional information. The educational material was updated to incorporate cardiovascular disease (CVD) and depression. The primary objectives of the family program are outlined as follows:

1. Provide family members with basic information about diabetes
2. Teach health behaviors that might reduce all family members' risk of diabetes or secondary complication
3. Suggest ways that families might unite to support healthy behaviors & the special needs of a family member with diabetes
4. Have fun learning and experiencing

The purpose of the pilot study was to test the revised curriculum and monitor its acceptance by community members. The educational sessions are taught by a *promotora* who is a community health worker. The *promotora* serves many functions such as facilitation, social support, and as liaison between the community and researchers. The pre- and post-test measure participant knowledge and family support. The family component includes two celebratory events (kick-off and graduation), five educational sessions, and three measurement periods. The educational sessions are Families and Diabetes, Being Healthy, Goal Setting, Working Together and Staying Healthy.



Figure 2: Douglas Water Tower

Discussion

Process evaluation of the pilot study consisted of observational research and analysis of pre and post tests. Ten individuals, including four Douglas community members, assessed the pilot program. In the evaluation process, six trips were made back and forth from Tucson, AZ to Douglas AZ and two day-long protocol training sessions were held. As a result of the observational research, the educational material and the pre and post tests were revised.

Suggested modifications included shortening session two, where CVD was originally added. Due to time constraints, it was added to session three instead. Depression was effectively expanded in session five but will be shortened and edited.

The original pre and post tests had both the patient and the family member questions in the same packet, but will now be placed in separate packets. This will help to conserve paper and eliminate confusion and skipped questions due to formatting. Redundant questions were also cut from the tests. Other small errors were caught during the pilot study such as incorrectly numbered questions and spelling/grammar errors.

Conclusion

The participants of the pilot study left the program more knowledgeable about diabetes, depression, obesity, cardiovascular disease and how to achieve a healthier lifestyle. It is hoped that the educational sessions made an impact on the participants, that they can maintain their healthier lifestyle, and that they will help promote the family program.

So far the overall program has made a positive impact on the Douglas community. The success of the program is due to many factors and it is very evident that a lot of hard work and care was put into creating and implementing the program.

Culturally competent research is crucial to successfully implement research projects into communities. The research done by the SWCCHP has been very effective. This novel research will open the doors for further research in this field. By continuing research on prevention, intervention and control methods of chronic diseases, organizations like the CDC and the SWCCHP can help to make positive changes in and with each of their partnering communities.



Figure 3: PRC Staff taking measurements in Douglas, AZ

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Acknowledgements

This research was supported by the EXPORT Program through the Summer Research Institute at the University of Arizona and the Cooperative Agreement Number U48/CCU915770 from the Centers for Disease Control and Prevention. Special thanks to Maria Teresa Velez, Ph.D., Director; Donna Treloar, MA, Program Coordinator; Lisa Staten, Ph.D., College of Public Health; Kerstin Reinschmidt, PhD, MPH; Jennifer Hunter, MPH, MA; and Rosie Stewart, MPH, CHES.