



DIABETES **I**NFORMATION AND **A**CTION FOR **L**ATINOS

Final Evaluation Report

For the

**CONNECTICUT ASSOCIATION FOR UNITED SPANISH ACTION, INC.
(CAUSA)**



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Special appreciation goes to the Connecticut Health Foundation, which has generously supported the project over a three-year period. CAUSA is also grateful for the many organizations, funders and sponsors that have donated valuable time and financial resources in support of Project DIAL, including the Aetna, Inc. and the Aetna Foundation.

“Diabetes is a devastating disease that affects us all. This is a family disease, and like family, we are going to combat it together. We saw a need to help people help themselves by engaging the communities we serve with educational events that deliver health information that is culturally appropriate. Many of the communities we serve have trouble receiving adequate diabetes care and education because of poverty, language barriers, or cultural differences. We envisioned Project DIAL as a catalyst for reducing serious health disparities affecting Hispanics and Latinos.”

--Carmen Sierra, Executive Director, CAUSA

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Executive Summary

The Connecticut Association for United Spanish Action, Inc. (CAUSA), in collaboration with over sixty (60) community partner organizations throughout the state, implemented an initiative to focus attention and action on diabetes among Latinos in Connecticut. Project DIAL—**D**iabetes **I**nformation and **A**ction for **L**atinos—is a grassroots effort that taps the strengths and capabilities of a variety of Connecticut health, social service, faith-based and government agencies. Project DIAL was launched after nearly a year of meetings and planning that resulted in a three-year grant award of \$300,000 from the Connecticut Health Foundation (CHF) through its Racial and Ethnic Health Disparities program. The grant period was from January 1, 2003 through December 31, 2005.

Project DIAL's goals are:

1. To increase public awareness of the risks of diabetes for Hispanics/Latinos in Connecticut.
2. To increase the number of Hispanics/Latinos with diabetes or at risk for diabetes who follow self-care guidelines that decrease and delay complications of the disease.

Project DIAL combined five, highly interdependent program components, which together formed a dynamic menu of culturally and linguistically sensitive education, outreach and support activities specifically geared to reach Latinos in a variety of community settings. Approximately 34,257 people were reached directly through project activities, including:

- Conferences attended by 750 people which drew from at least twenty-five (25) cities and towns across the state;
- A mini-grant program designed to stimulate local community education, screenings, and awareness, which reached 3,651 people;
- Development of a corps of 55 Hispanic/Latino “Promotores de Salud” (community health promoters) who provided direct outreach to at least 1,000 people;
- Implementation of a statewide media campaign, including a bilingual information clearinghouse, that provided educational materials to nearly 29,000 and reached many more through broadcast media;
- Formation of a statewide coalition, poised to advocate on health-related issues.

Project DIAL began when CAUSA convened four agencies to address the growing concern about the risk of diabetes and its complications for Latinos. DIAL's message reached over 10% of Connecticut's Latino population and brought dozens of outreach activities to neighborhoods, schools, families and individuals via the enthusiastic efforts of a network of over sixty (60) partnering organizations. Knowledge was increased, awareness about the issue was built, grassroots and community organizations made things happen, and people began taking small and large steps to eat healthier foods, to exercise more, to reduce the risk of diabetes and, for those already affected by diabetes, to make improvements in disease management.

Recommendations, which were shaped by the many lessons learned during the project challenges, include the following:

- Continue to provide mini-grants to support diabetes awareness, education and screening;
- Increase the pool of bilingual health/diabetes educators and medical interpreters;
- Hold an annual Spanish language diabetes conference;
- Reestablish the electronic diabetes clearinghouse;
- Provide improved screening and ongoing support and training for Promotores de Salud;
- Develop coalition structure and maintain collaboration;
- Implement a funding development strategy.

Diabetes Information and Action for Latinos has evolved into a multi-faceted strategy with a broad base of support and engagement. Project DIAL offers great promise as a model for addressing the damaging disease of diabetes, which continues to affect the Latino population disproportionately. The solid accomplishments achieved against considerable odds are a testament to the power of grassroots ingenuity, persistence, shared leadership and an enduring commitment to reducing health disparities in Latinos.

I. Introduction

A. Background on Project DIAL—Diabetes Information and Action for Latinos

CAUSA initiates Project DIAL

Project DIAL, Diabetes Information and Action for Latinos, was established through a three-year grant from the Connecticut Health Foundation to the Connecticut Association for United Spanish Action, Inc. (CAUSA). Project DIAL is a grassroots, collaborative effort designed to engage the strengths and capabilities of a variety of Connecticut health, social service, faith-based and government agencies.

Founded in 1975, CAUSA's mission is to enhance the well being of the Hispanic/Latino population in Connecticut through technical assistance, research and advocacy with and through its member agencies throughout the state. CAUSA member agencies provide educational and "lifeline" services to new immigrants and to low-income and working class Latino families. As part of CAUSA's ongoing needs assessment process, the issue of diabetes became a priority. Member agencies reported that increasing numbers of their clients were experiencing diabetes related problems and many more were at risk. CAUSA initiated additional research and planning efforts in order to better understand and address this serious and costly health risk.

Diabetes: a growing epidemic

The growing diabetes epidemic is both alarming and tragic. In the United States the statistics are shocking: the Centers for Disease Control and Prevention (CDC) announced that from 1990 to 2000 the number of Americans diagnosed with diabetes has escalated from 4.9% to 7.3% of the population, a 49% increase. The American Diabetes Association (ADA) and the National Institutes of Health estimate that 16 million Americans have diabetes (25% of these undiagnosed), with approximately 1 million Type 1 and 10.3 million Type 2 diabetics diagnosed.

Diabetes is the sixth leading cause of death by disease in the United States. It is the leading cause of new cases of blindness, kidney failure and lower extremity amputations, and it increases the risk of heart attack and stroke two to four times. The Juvenile Diabetes Research Foundation (JDRF) states starkly, "Diabetes kills one American every three minutes."

"Diabetes is an epidemic in our communities. But it doesn't have to claim the lives of those we love. There is something we can do about it."

--Yanira Cruz Gonzalez,
Director of the Center for Health
Promotion, National Council of La Raza
&
Chair of CDC's National Diabetes
Education Program's Hispanic/Latino
work group

For Latinos, diabetes represents an even greater health risk. CDC statistics document that the diabetes prevalence among Latinos at 11.38% is nearly double that of non-Hispanic white Americans. According to the 2000 Connecticut Behavioral Factor Surveillance System, 6% or 19,219 of the state's Latinos have been diagnosed with diabetes. In Hartford alone, 12.2%

of Hispanic adults are diabetic. According to a study released by the Centers for Disease Control and Prevention (CDC), another 6% of diabetes in Latinos is undiagnosed.

In addition to the higher incidence of diabetes among Hispanics, other risk factors and barriers complicate matters. In a statement issued by the CDC's National Diabetes Education Program's Hispanic/Latino work group in July 2002, at least 65% of people with diabetes die from heart disease or stroke, and yet only one in four Hispanic and Latino Americans with diabetes know that they are at risk for heart disease. Lifestyle, economic, social and cultural factors also influence how Hispanics can be at greater risk for diabetes.

The financial cost and human tragedy of this epidemic are staggering. The American Diabetes Association found diabetes accounting for over 14 million employer work loss days in 1997. Diabetes care translates into 25% of all Medicare expenditures. A simple comparison underscores the point. Today the average cost of a non-diabetic patient to the health care system is \$2,000 / year, whereas the average cost of a diabetic patient is \$10,000 / year. And the sad reality is that a large portion of these higher costs result from the treatment of long-term diabetes complications, which are now known to be preventable.

These facts, coupled with CAUSA's needs assessment through member agencies, served as a compelling call to action.

Partnerships and collaboration

Planning for Project DIAL began early in January 2002. CAUSA convened a group of provider partners who agreed to collaborate on addressing the issue of diabetes, with a focus on Latinos. Although CAUSA and its member agencies reach many within the Latino community, expanding the project into a collaborative effort represented an opportunity for broader outreach and wider impact. The group met on a frequent basis to plan the initiative, build interest, and begin to secure funding. Several meetings with the Commissioner of the Connecticut Department of Public Health were held to gain support for the concept. Initial project partners included:

- Hispanic Health Council,
- Community Health Services of Hartford,
- Hartford Hospital, and
- CAUSA

This group formed the core of Partner Planning Group, which served as a steering committee for Project DIAL and, ultimately, the foundation for a statewide coalition.

B. Description of Project DIAL

Initially, the planning group decided that to increase awareness in the Latino community about diabetes by organizing a conference. For partial support of this activity, CAUSA received a grant for \$10,000 from the Aetna Foundation in October 2002. However, as the planning group continued to learn about the issue of diabetes and the strategies that other groups throughout the country were taking, the group decided to expand the scope of the effort to

include a number of prevention and intervention activities to achieve two primary goals. These goals and program methods included the following:

Goals

1. To increase public awareness among Hispanics/Latinos in Connecticut of the seriousness of diabetes, its risk factors, and strategies for preventing diabetes and its complications.
2. To increase the number of Latinos with diabetes/at risk for diabetes who follow self-care guidelines that decrease and delay complications of the disease.

Program Methods

- Statewide conferences designed to provide community education, screenings, and awareness for the Hispanics/Latinos;
- A mini-grant program, including technical assistance, to help support local activities;
- Developing a corps of Hispanic/Latino “Promotores de Salud” (Community Health Promoters);
- State-wide media campaign, including a bilingual information clearinghouse;
- Formation of a statewide coalition.

In November of 2003, CAUSA learned about the Connecticut Health Foundation’s grant program to reduce Racial and Ethnic Health Disparities. Project DIAL seemed to be an excellent fit, and CAUSA received a three-year grant of \$300,000 for the project.

Project DIAL Diabetes Conferences

Project DIAL partners organized two conferences over the three-year project period. The first conference was held on April 4, 2004 at the Learning Corridor in Hartford, Connecticut. The theme of the conference was “Dale Vida A Tu Dia” (“*Give Life to Your Day*”). The conference aimed at raising awareness among Spanish speaking people of diabetes, its cardiovascular risks, and lifestyle changes that enable people with diabetes to lead and enjoy healthier lives. Although the intention was to attract approximately 200 people to the conference, which was conducted in Spanish, approximately 600 adults and 103 children attended.

The second conference, “A Retreat for Diabetes Health Advocates,” was held on June 17, 2005. Rather than the large number targeted for the conference in 2004, CAUSA focused on attracting approximately 50 key health advocates to allow for greater group participation in activities and planning. Of the 60 people who registered, 44 attended. All participants were people who work in an agency, organization or company and have some kind of an advocacy role with regard to diabetes within Connecticut’s Latino population.

The conference included speakers on the Project DIAL model, cultural competency and diabetes issues as well as a panel of representatives from groups that received mini-grants

through the project for diabetes awareness activities. There were also facilitated break out sessions to explore action planning and needs. Details of the conference and their outcomes are described in the section on results.

Mini-Grants for Community Diabetes Education and Awareness Activities

Mini-grants of approximately \$2,000 to help support the diabetes education and awareness activities were made available through Project DIAL. A brief Request for Proposal (RFP) was created, and 11 mini-grants were awarded in 2004. In 2005, 8 previous mini-grantees applied for a continuation of their activities. Although the mini-grants were for small sums, grantees were required to be accountable by providing reports on activities participate in at least one site visit with a representative from Project DIAL. Technical assistance was provided by Project DIAL staff to assist mini-grantees in planning their programs.

Promotores de Salud—Community Health Promoters

Project DIAL recruited and trained group of 55 volunteer, bilingual *Promotores de Salud*—Community Health Promoters—who participated in training sessions about diabetes and its prevention, improved nutrition and increased physical activity promotion. The *Promotores de Salud* component was modeled on successful programs developed in other parts of the U.S. Lay health educators have a long history of providing public health services in many different cultures and countries. The National Diabetes Education Program Hispanic/Latino Campaign’s workgroup recommended the use of Latino Health Promoters as part of its 2002 strategy. Additional details are included in the results section.

Media Campaign & Bilingual Information Clearinghouse on Diabetes

Concerns highlighted by CDC’s National Hispanic/Latino Diabetes Expert Consultant Group report included the lack of awareness and understanding of the seriousness of diabetes among Hispanic/Latino populations and the need to tailor media messages to meet the needs of the Hispanic/Latino community. CAUSA invested in an extensive and intensive media campaign throughout the state of Connecticut publicizing the first Spanish diabetes conference. In addition to the media outreach, visitation to churches, stores, Latino Expo, radio stations and other organization were conducted to publicize the issue. Over the course of three years, both television and radio PSAs were aired in publicize the project. In addition, three radio interviews on diabetes, Project DIAL and the conference were aired, success stories were written in the local news papers and one was televised on the news.

Project DIAL also assembled an information clearinghouse on diabetes for distribution throughout the Latino community, which was available in Spanish and English. The CAUSA website included an “electronic clearinghouse” on diabetes with information geared to Latinos.

Statewide Coalition

From the earliest stages, CAUSA brought together a broad and diverse group of individuals and organizations to work together on this important initiative. The circle of involvement expanded significantly as the project has evolved, with over sixty (60) organizations and groups participating in the Partner Planning Group and collaborative efforts with mini-grantees.

II. Results

A. Evaluation Approach and Questions

In order to provide the most comprehensive information about the project, the evaluation focused on three areas: 1) process evaluation, which explored how the project components have been implemented in relation to the project's stated purpose, goals and proposed methods; 2) outcome evaluation, which assessed the level of knowledge increases and behavioral change in those participating in activities; and 3) the impact of the project. This integrated model of process and outcome/impact evaluation was aimed at documenting the project, assessing the effectiveness of its components both individually and collectively, and providing recommendations for improvements to further enhance the project's value for Connecticut communities and for interested groups in other states.

Evaluation questions included:

Process:

- Which components of the project were most effective?
- What were the lessons learned from project implementation?
- What synergies exist among project components?
- What materials and products were acquired or produced that others might find useful?
- What role does cultural competence play effectively reaching the Latino community?
- What types of activities have mini-grantees implemented?

Outcome:

- How many people were reached through the project?
- To what extent have participant in awareness and education activities increased their knowledge of diabetes and its risks?
- Is there any evidence of behavior changes?

Impact:

- What impact has the project had on participating groups and organizations?
- To what extent can the project or its components be sustained?

In order to obtain both process and outcome evaluation data, two types of analyses were utilized: qualitative and quantitative. The qualitative analyses included the following components, which are standard qualitative measures in the field of program evaluation: observation, interviews and document reviews (Patton, 2002). Quantitative analyses measured project outputs, determined the actual number of activities completed and the number individuals reached by the project and, where possible, increases in knowledge and changes in behavior for participants.

Data was collected about participation, outcomes and impact. Information gathered included:

Information	Tool/Approach
Conference attendance	Counts; Registration
Level of conference participant satisfaction.	Surveys; Questionnaires
Number of community health educators (Promotores) who were trained.	Attendance sheets
Number of community members (with diabetes or at risk for diabetes) contacted per month by the Promotores.	Logs; Reports
Number of local agencies who applied for and were awarded mini-grants.	Reports
Types of activities organized by mini-grantee groups.	Interviews; Reports
Number of individuals attending events and activities organized by mini-grantee groups.	Reports
Number of public service announcements delivered.	Media counts; Reports
Number of educational materials printed and distributed.	Distribution Logs
Evidence of knowledge increases and/or changes in behavior to reduce the risk of diabetes and its complications.	Pre-/post-tests; Questionnaires
Evidence of organizational and system impact as a result of Project DIAL.	Interviews; Reports

B. Effectiveness of Project DIAL Components

Each component was evaluated separately to determine the degree to which objectives were met and to assess strengths and weaknesses.

Conferences:

Project Objective:

- Over 3 years, 600 conference attendees will increase their knowledge of diabetes and diabetes-related resources.

result:

- Through two Project DIAL conferences attended by 750 individuals, over 90% achieved knowledge increases.

Conference 1: Spanish language conference “*Dale Vida A Tu Dia*”

The long lines at the door on a chilly April Saturday morning were an indication that the first Spanish-language Diabetes Conference held in Connecticut was going to be a success. Volunteers and Staff members from the CAUSA knew they were in for a busy day when over 100 people were waiting to attend the conference at 7:30 a.m. The lobby of the Learning Corridor’s Theater of Performing Arts Center in Hartford echoed with the rich sounds of diverse Spanish accents. Members from Puerto Rican, Peruvian, Colombian and Central American communities showed up in record numbers—approximately 600 people, plus an additional 103 children. Attendees learned that Latinos are almost twice as likely to suffer from diabetes as their non-white counterparts. Participants told their stories about dealing with diabetes personally. Others shared about the toll the disease takes on the entire family. Through on-site screenings, a number of attendees learned that they were at high risk of developing diabetes and through a educational workshop, many learned about how to live day-to-day with diabetes.



Conference attendees participate in diabetes screening

“With the success of the first conference held in the spring of 2004, the outreach was of massive proportion. More than 600 people participated in a family-focused event that provided medical check-ups, a kids camp, health screenings and health cooking classes ‘Latino style’.”

--2004 Annual Report, Connecticut Health Foundation

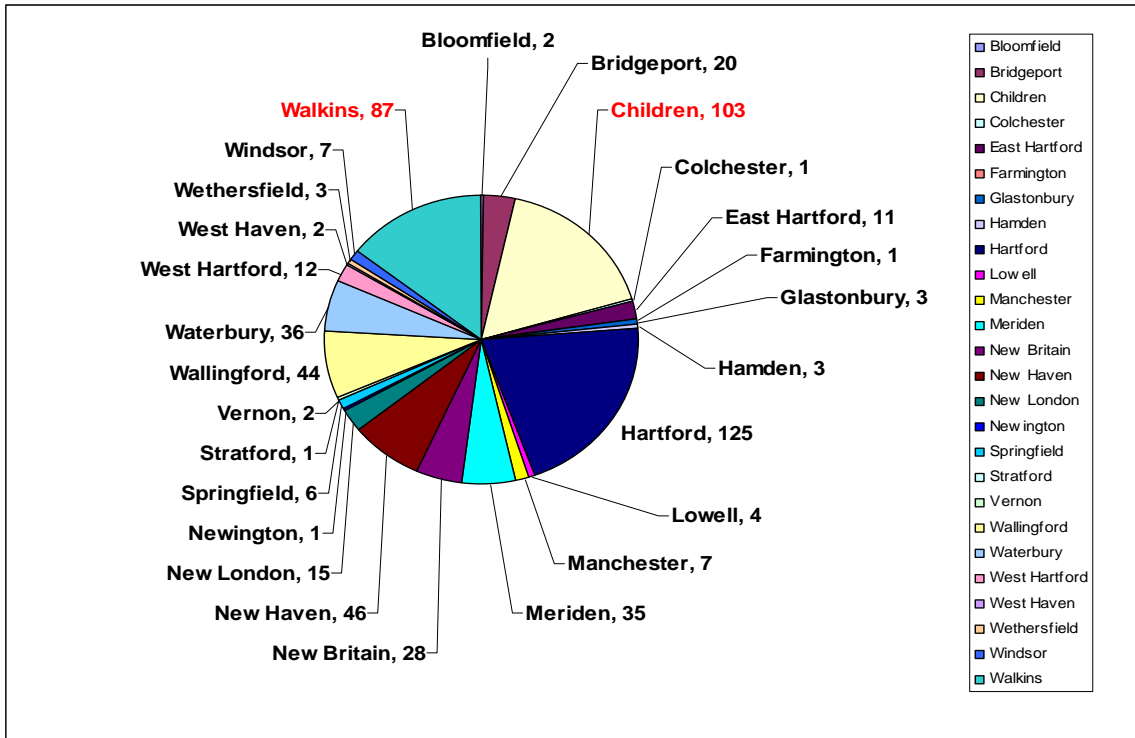
Keynote speakers during focused on the need for access to health care and disparities among people of color. As the primary funder for CAUSA’s three-year diabetes initiative, the Connecticut Health Foundation’s Executive Director, Pat Baker welcomed the eager crowd that reached close to 600 adults. Juan Figueroa, President of the Universal Health Care Foundation of Connecticut, Inc. (formally known as Anthem Foundation), provided a compelling overview of the situation. Participants attended educational workshops on diabetes, got screened, asked

questions, learned about nutrition and learned about the new products and services offered on diabetes. CAUSA’s newsletter, which featured the conference, is included in the appendix.

A survey was conducted at the conference, with approximately 50% of the participants completing the questionnaire. The survey captured information about the following:

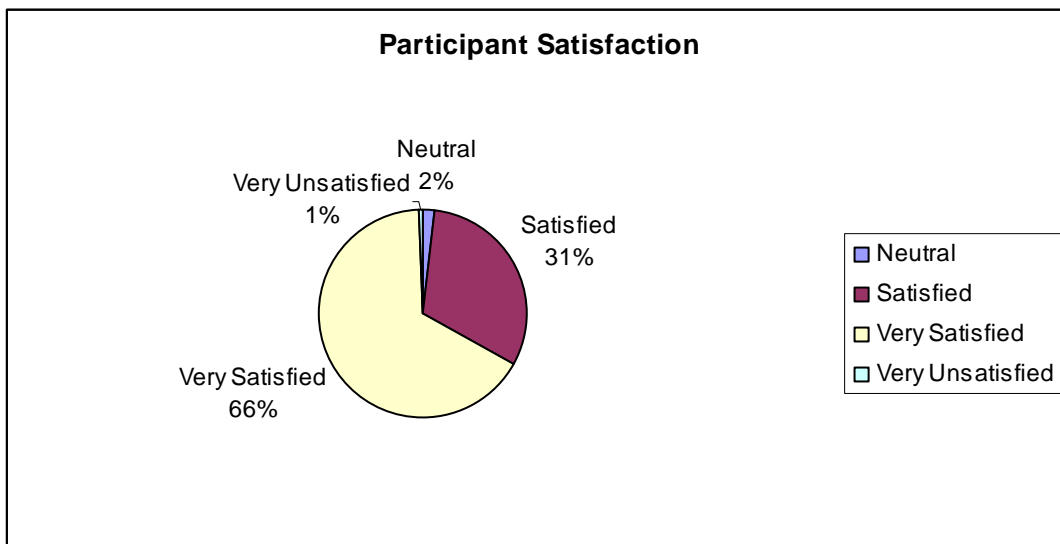
- How the attendees heard of the conference,
- What workshops/activities they attended,
- What workshops/activities were most informative,
- What new information they learned about diabetes,
- Their satisfaction level with the conference and
- Other comments.

Although the conference was held in Hartford, attendance was statewide. The chart below illustrates the wide variety of cities and towns represented:



Satisfaction Level and Knowledge Level

Of those conference attendees completing the survey, 285 or 97% indicated they were either “Very Satisfied” or “Satisfied” with the conference as shown below:



In terms of knowledge increases, 292 of 293 participants indicated an increase in knowledge as a result of the conference.

Impact of Events

The food demonstration was the event that drew the most attention, with 71% of participants attending.



Sofia Segura-Perez R.D. from the Hispanic Health Council and Chef Moriah Bechtold, R.D. entertain audience with cooking demonstrations during “El Cucharon Con El Sabor” workshop.

Events Attended	Number	Percentage
Caring For Feet	25	8.53%
Check Glucose	9	3.07%
Children with Diabetes	13	4.44%
Exercise Examples	4	1.37%
Food Demonstration	209	71.33%
Living Day to Day with Diabetes	31	10.58%
No Answer	2	0.68%
TOTAL RESPONSES	293	

The Food Demonstration was also cited as the event that was most informative followed by Living Day to Day with Diabetes.

Other comments that reveal the impact of the conference on the Hispanic community included the following:

“You have helped me educate myself and my family about diabetes and how to care for our health. Although I do not have diabetes I want to be educated for future. You should have workshops like these for our Hispanic Community”

“The best thing about the conference is that it was in Spanish, and we were able to understand everything without a translator. I congratulate you for this conference, so important to all; it was well organized.”

“This event about Diabetes has been informative and interesting. Thank you for your effort and time in helping the community with diabetes. I hope this event will repeat itself.”

“A very important opportunity to educate the Latino community of Hartford and surrounding cities; CAUSA had a magnificent idea and is important that they continue this initiative not only about diabetes but on other topics that affect the Latino community.”

Strengths & weaknesses:

Strengths: The “Dale Vida A Tu Dia” conference clearly demonstrated CAUSA’s and Project DIAL’s commitment to empowering underserved communities to monitor and manage their health, and at the same time strengthen the ties of its member agencies to the communities they serve. During the planning stage of the conference, a number of Partner Planning Group/Advisory Group members expressed skepticism about whether the Latino population would attend such a conference, since outreach to Hispanics had been attempted in the past with little success. The high level of media visibility, promotion, and mobilization of the member agencies were all contributing factors to the large turnout at the conference. However, the most significant factor in the high attendance was the fact that the conference was conducted in Spanish—the



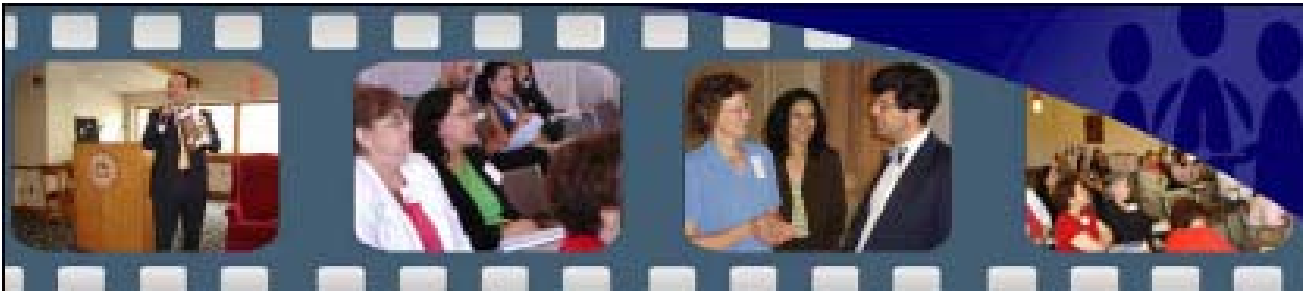
Over 100 children participated in the Kid’s Camp

first ever in Connecticut. In addition to support from the Connecticut Health Foundation, the conference also generated a variety of additional funders and sponsors, including the following:

- Aetna, Inc. & Aetna Foundation
- Universal Health Care of Connecticut, Inc.
- Foxwoods Resort & Casino
- Fleet
- Goya
- Sprint
- Hartford Hospital
- Telemundo
- SINA
- The Learning Corridor
- HPN (Hispanic Professional Network, Inc.)
- WPRX “La Puertorriqueñísima”
- Connecticut Children’s Medical Center
- Hipolito Cueva
- C.P.T.V.

Weaknesses: Although some comments on the evaluation forms for the conference made minor suggestions for improvements, there were few weaknesses noted by participants. Comments such as “more forks were needed,” “we needed more tips on cooking for diabetics,” and “more time was needed for some sessions” were typical responses. From a project management perspective, the conference did require a significant level of effort and planning, which resulted

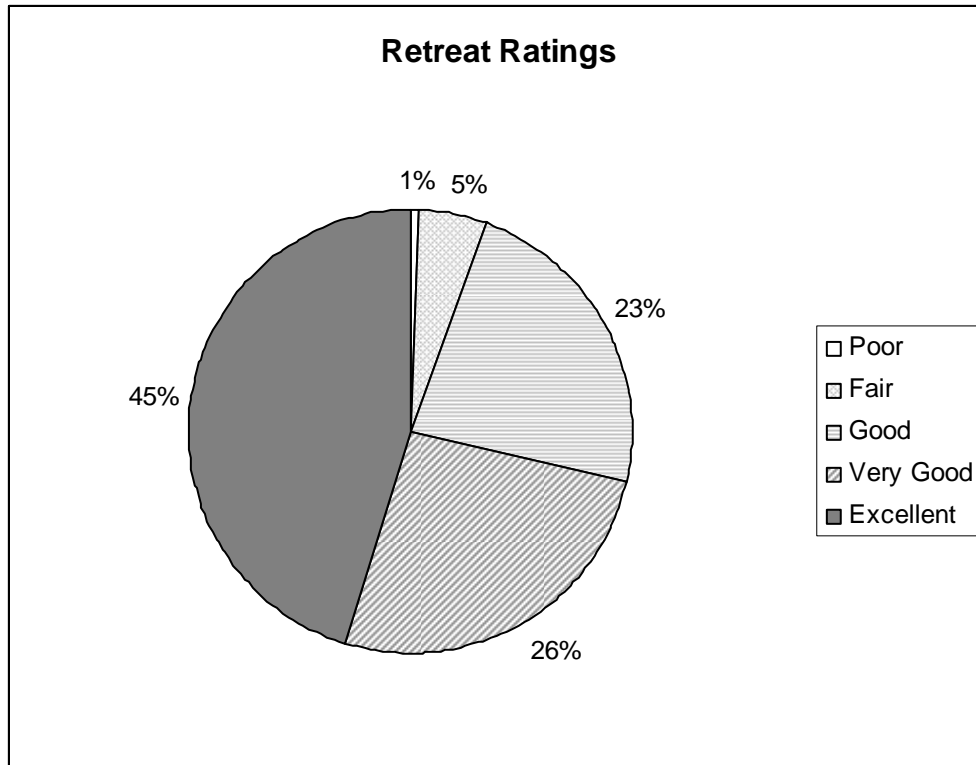
in less attention to the implementation of other project components such as the Promotores and the clearinghouse efforts during the first year of the project.



Conference 2: “Retreat for Diabetes Health Advocates”

The second diabetes conference, held on June 17, 2005, was for a smaller, more focused group. The purpose of the “Retreat for Diabetes Health Advocates in the Latino Community of Connecticut” was to shape a plan for sustaining and expanding Project DIAL and sectors of the nonprofit and healthcare community. The concept included targeting diabetes health professionals, nonprofit agencies that offer diabetes awareness and education institutions and faith-based organizations. Key components of the retreat included: stressing the importance of collaboration; showing what is already in place, e.g., Promotores / Mini-grantees / Spanish-language diabetes health fair and retreat, and what has already been done. During the retreat, there were concurrent workshop sessions facilitated by bilingual members that focused on enhancing existing efforts and strategies for creating a sustainable model that can be integrated into Connecticut’s statewide system.

The retreat was attended by 3 educators, 6 health professionals, 1 Promotora, 3 Advisory group members, 4 mini-grantees, 3 legal/advocacy individuals, as well as a social worker, outreach worker, and technology representative. Based on the evaluation results, the retreat met the needs of the attendees with 71% of ratings being “very good” or “excellent” in six categories regarding the quality and organization of the retreat. Only 5.5% of all ratings were valued at “fair” or “poor”.



Attendees reported a desire to learn about work being done to address diabetes care in Latino communities and who is doing that work. In addition, attendees wanted to learn how to improve their own activities and to bring up-to-date information about diabetes health back to their own constituents and communities. Based on attendees' statements, these goals were met as they reported learning important and relevant information about the problem of diabetes in Latino populations and about what organizations are addressing the diabetes problem in Latino communities. Many attendees stressed learning about the importance of cultural competency and this appears to be a new critical learning for many of them.

Attendees also reported that they learned about what activities were effective as well as the barriers still in place. Among what "works" is the availability of information about diabetes care for Latino communities there are systems to identify people in need of services, and there are models that are effective in addressing the problem. The biggest barriers were resources / funding and a lack of communication between doctors and clients.

Attendees stated a commitment to report back what they learned at the retreat to their staffs, organizations, clients, and communities, and to follow-up and work with organizations they made contact with at the retreat. Additionally, several attendees reported that they would take "new" actions as a result of the retreat including working on a particular barrier to providing diabetes services to Latino communities or utilizing methods other organizations have found successful with their own clients or communities.

Overwhelmingly, respondents stated that they would commit themselves and/or their organization to involvement with CAUSA in support of its goal to design an action plan that convenes and manages an integrated network of grassroots, faith based, health and government agencies providing diabetes services to the Latino community. A detailed analysis of the results from the retreat is included in the appendix.

Strengths & weaknesses:

Strengths: As noted above, the retreat was well received and achieved its objectives. Much enthusiasm and commitment for moving forward resulted from the retreat, and the group continues to meet.

Weaknesses: To some attendees, the goals of Project DIAL and the Project DIAL “model” were unclear as presented. Some attendees indicated that logistics such as information on directions to the venue, a minor point, could be improved.

Mini-Grants for Community Diabetes Education and Awareness Activities

Project Objective:

- At least 15 agencies or neighborhood groups throughout Connecticut will implement health initiatives that engage Hispanic/Latino consumers/partners in diabetes diagnosis, screening, education and health care.

result:

- A total of 21 mini-grants were awarded to 11 community groups or organizations.
- Through mini-grant programs and events, over 3,600 people received diabetes information, education and guidance about available resources. At least another 50,000 were reached through radio and other broadcast media.

A total of eleven (11) mini-grants of approximately \$2,000 each were awarded to organizations throughout the state of Connecticut in 2004, eight (8) were continued in 2005. For the third round of mini-grants, the strongest two projects received a final mini-grant. Through this funding process, Project DIAL reached over 3,600 people through direct awareness and educational activities and reached at least 50,000 through radio broadcasts. Mini-grant projects included several Diabetes Awareness days, health fairs, monthly support groups, a radio campaign targeting the faith community, screenings, cooking for seniors, and a program for parents of students at an elementary school. Rather than establishing an entirely new group of mini-grants, for the second and third years of the project, CAUSA concluded that it would make more sense to provide a second year of funding for the previous grantees in order to a) take advantage of the learning curve and enthusiasm they demonstrated and b) extend their diabetes awareness and educational work. Site visits with the mini-grantees were conducted during June and July 2005 to monitor activities and identify support needs.

The table below summarizes the mini-grantees, the focus of activity and the numbers of people reached through a variety of activities:

Organization/Location	Focus of Mini-grant	Number of people reached
Casa Otoñal, Inc. (New Haven)	Educational sessions, individual assessment, cooking classes, glucometer workshop, weigh-ins and fitness workshops.	192 elderly, including 116 elderly diabetics
The Village, Inc. (Hartford)	Educational sessions in 8 Hartford schools, Outreach sessions through Brighter Futures Family Center and school Family Resource Centers	1,400 students and 300 parents
Spanish Speaking Center of New Britain (New Britain)	Individual consultation through Promotores De Salud and Food Pantry, educational outreach and individual interventions to ensure medical care.	2004: 200 2005: 500 for Educational Sessions; 40 people for more intensive consultation
Goodwill Industries of Western Connecticut, Inc. (Bridgeport)	Diabetes Awareness Days	180 community members
Connecticut Mental Health Center/Hispanic Clinic (New Haven)	Diabetes Awareness sessions for psychiatric Patients	49 patients
Institute for Hispanic Families (Hartford)	Diabetes Awareness events with screenings	2004: 117 people 2005: 150 people

Organization	Focus of Mini-grant	Number of people reached
Mi Casa, Family Services & Educational Center, Inc. (Hartford)	Project Reach—Diabetes awareness Workshops and training of parents in Frog Hollow neighborhood to outreach to other parents	53 parents
Hartford Hospital (Hartford)	“Amigos En Salud”—monthly support group	115 participants
Hispanos Unidos, Inc. (New Haven)	Uniendo Fuerzas Contra la Diabetes, (United Against Diabetes) Presentations and Radio broadcast on diabetes through Christian radio station	102 attendees 50,000 listeners
First Hispanic Mission of (Manchester)	Diabetes Education Day with screenings, Puppet show and healthy eating awareness	60 participants
Iglesia Cristiana Pentecostal de Avivamiento (Waterbury)	Diabetes Awareness Day	103 people
TOTALS		3,651

Strengths & weaknesses:

Strengths: The total investment in mini-grants through Project DIAL was a total of \$50,000 over a three-year period. Although mini-grantee did not keep complete records on the number of volunteer hours, donated resources and in-kind staff hours contributed, each \$2,000 mini-grant, on average, was matched at least three times, and in some cases, ten times (Connecticut Mental Health Center/Hispanic Clinic). Consequently, the grant investment generated a conservative estimate of \$200,000 in in-kind resources. Many of the groups receiving mini-grant used the funds, coupled with additional volunteer and organizational resources, to provide community members with information about diabetes, conduct screenings for high blood sugar and educate about nutrition, exercise, self care, healthy choices and community resources for further access and support.

Another strength of the mini-grants was the formation of collaborations and partnerships at the local level, which expanded the number of participating groups to over sixty (60) throughout the state.

Weaknesses: One area of weakness for the mini-grants was difficulty in timely reporting. In several cases, staff had to be very persistent in following up for progress and final reports. At least two mini-grantee did not submit final reports due to staff turnover. In particular, the faith-based groups had more difficulty with basic requirements regarding fiscal management. In balance, however, the strengths of the mini-grant program far outweighed any weaknesses, and this component should be continued in the future if possible.

Promotores de Salud (community health promoters)

Project Objective:

- 45 volunteer, bilingual “Promotores de Salud” will demonstrate basic knowledge and competence in the areas of diabetes information, improved nutrition and increased physical activity promotion through culturally-appropriate behaviors, and reach 50 community members per month.

result:

- 55 “Promotores de Salud” were trained, who reached over 1,000 people. At least one third of the promotores continue to provide outreach and education.

The concept of utilizing peer educators to conduct outreach to the community has been demonstrated as a successful approach for addressing health related issues in both the U.S. and abroad. Project DIAL, as originally envisioned, viewed the “Promotores” as a central strategy. Promotores were recruited from CAUSA member agencies, through mini-grantees and contacts made at the statewide conference.

Strengths & weaknesses:

Strengths: Promotores training sessions were held in the fall of 2004. Participants indicated a high level of satisfaction with the training sessions and rated both the workshops and the facilitator “above average” on the workshop evaluation forms. Specific knowledge gains noted on the evaluations included the following:

- Knowledge of healthy eating habits
- How to handle hypo and hyperglycemia (blood sugar levels)
- Causes of diabetes
- Do’s and don’ts related to dealing with clients/patients
- Learning about personal risk of diabetes and importance of measuring blood sugar

Reports from Promotores indicated that at least 1,000 were reached through this effort.

The most successful aspect of the DIAL Promotores program was the integration of the Promotores role into a number of CAUSA’s member agencies. For example, the Spanish Speaking Center of New Britain includes contact with a promotora as part of their food pantry. Mary Sanders, Executive Director of the Spanish Speaker Center, describes how this works:

“General information about diabetes & Project DIAL is posted on our bulletin board in the lobby where hundreds of people enter each week seeking services. Many ask about the service and the receptionist gives them a flyer and tells them to call one of the “Promotores de Salud” for an appointment. If someone is available they might meet with him or her at that time. In the food pantry, staff also asks clients if they have anyone in their families at risk for diabetes and tries to provide information about the foods they are receiving.”

We encourage the participants to become more involved by coming in on Tuesdays or Thursdays for a consultation with one of the Promotores. This consultation includes an intake, blood pressure & blood sugar screenings and perhaps a weigh-in, in addition to providing them with nutritional info and assessment of their healthcare access. If they are receiving regular healthcare and are following their doctors' instructions for medication, diet and exercise we congratulate them and let them know we are available for further support if necessary.

If they are not receiving adequate healthcare we begin an intervention. First we make sure they are getting their medications if they had been previously prescribed, then we try to get them assigned to a primary caregiver. We assist with arranging transportation for doctor visits, testing appointments or to pick up medications. We assess their need for any type of meals-on-wheels, homecare or companion programs. If they are coming to the Center for other services we see them regularly and follow up on their needs and care. We continue to offer Tuesday and Thursday blood pressure and sugar checks.”

Another strength of the Promotores program was exposing Latino/Hispanic agencies to the concept. As a result, several agencies have utilized the concept in addressing other health related areas. The Hispanic Center of Greater Danbury, for example, received grants from the Susan G. Komen Foundation to utilize Promotores in reaching Latinas to increase knowledge and awareness about breast health.

Weaknesses: This component of the project, in contrast to others, faced more challenges. Implementation of the Promotores component was delayed due to difficulty in identifying a qualified, bilingual, available, affordable diabetes educator. When a person was identified, her availability was limited and her fees made it prohibitive for providing ongoing support and additional training. A risk assessment tool for the Promotores to use in doing outreach, which was provided by the diabetes educator during training, proved to be too complicated, and a more simplified tool to collect data was developed. Data gathering about Promotores' activities and outreach was sporadic and done inconsistently. In part, this was a consequence of unanticipated CAUSA staff turnover.

Additionally, without ongoing support and periodic meetings of the Promotores, commitment waned among Promotores that were not connected or affiliated with an organization or agency. Screening of Promotores for the initial training session, in retrospect, could have been handled better. One of the challenges of delivering the training was that many of the Promotores in the workshops were more focused on their own health status, risk of diabetes, and diabetes management issues that on learning own to assist others.

Media campaign & information clearinghouse

Project Objectives:

- Project DIAL will deliver a series of Public Service Announcements on diabetes-related topic through Spanish media channels in Connecticut.
- Bilingual educational materials on diabetes will be distributed to 30,000 Hispanics/Latinos in Connecticut.

result:

- Educational materials on diabetes were distributed throughout Connecticut on a continual basis over the course of three years, resulting in approximately 28,856 individual pieces reaching the Latino community. The number of diabetes-related programs and health messages in Spanish media has increased over the three-year period.

Strengths & weaknesses:

Strengths: Media coverage on diabetes has been featured on Hispanic WRYM 840 am and 990 am. CAUSA created an information clearinghouse with bilingual information and links on the website. The Hispanic Professional Network, with a distribution list of more than 4,000 professionals, also highlighted CAUSA activities in the health section of their website. In addition to the media outreach, visits to churches, stores, Latino Expo, radio stations and other organization were completed to generate publicity for events including the conferences. In addition, there were three radio interviews on diabetes and Project DIAL, success stories were written up in the local news papers and one was televised on the news. A PSA featuring Rita Moreno ran running once a day on WPRX during the month of October 2004. In collaboration with the Connecticut Health Foundation, PSAs on diabetes were produced in Spanish and English. These PSAs are run on a regular basis on CPTV and Telemundo.

CAUSA acquired diabetes information from a variety of sources and distributed information through member agencies, conferences, mini-grantees and Promotores. Over the course of the project there were approximately 300 requests for additional information. Information in Spanish was requested with the most frequency. Member agencies often visited the CAUSA office to “shop” for much needed literature and returned to their offices with shopping bags full of materials. This component of the project has become an integral part of CAUSA’s operation, and information continues to be distributed.

The table below summarizes the information provided over the course of Project DIAL:

Year of Project DIAL	Literature Distribution (#)
Year 1: 2003	9,554
Year 2: 2004	10,500
Year 3: 2005	8,856
Total	28,856

Weaknesses: Initially, Project DIAL had difficulty in identifying culturally and linguistically appropriate educational materials, and during the initial period of distribution, member agencies indicated that the information provided was too difficult to understand. This was addressed by contacting a number of national resources, including the Center for Disease Control and Prevention's (CDC) National Hispanic/Latino Expert Consultant Group, which provided linkages with additional resources and materials targeting Hispanics/Latinos.

Although the concept of an electronic clearinghouse was thought to be a key way to provide information on diabetes for Hispanics/Latinos, this means was less effective than the use of print and broadcast media. Computer and internet access for Hispanics/Latinos lags behind the general population, and many lack computing skills and a comfort level with keyboarding, downloading documents, printing etc. CAUSA had links on a separate section of its website, but when the website was rebuilt, the links were removed and are no longer available.

Formation of a statewide coalition

Project Objective:

- As a result of Project DIAL, a statewide coalition focusing on diabetes issues will be formed.

result:

- Over thirty (30) organizations and individuals sustained involvement and commitment to working with Project DIAL over a three-year period. Linkages and collaborative relationships were also formed with an additional thirty (30) groups and organizations throughout the state through conferences and mini-grant activities.

Strengths & weaknesses:

Strengths: Although formation of a statewide coalition was planned for the second and third years of Project DIAL, this group actually began to take shape during the first year of the project. In order to plan the Diabetes Conference, CAUSA convened a "Partner Planning Group," which served as an advisory and a "hands on" work group for Project DIAL activities. The group included the following as core members:

- American Diabetes Association
- Hartford Hospital, Amigos en Salud
- Hartford Hospital
- Connecticut Primary Care Association
- Connecticut Department of Health, Diabetes Control Program
- Community Health Services
- CAUSA member agencies (12)
- Hispanic Health Council
- Yale-Griffin Prevention Research Center
- La Iglesia de Dios, Inc.
- First Hispanic Mission of Manchester
- Burns Elementary School

- Other Mini-grant recipients (Mi Casa, Inc., Casa Otoñal, Iglesia Cristiana Pentecostal de Avivamiento, Goodwill Industries/ Hispanic Services Program, Hispanos Unidos, Institute for the Hispanic Family, The Village for Families and Children, Inc.) and their partners.

As described above, the coalition aims and direction were further advanced through the “Retreat for Diabetes Health Advocates” in the summer of 2005. A business model for the coalition, “A Connecticut Collaborative Disease Intervention Model,” was developed and is under consideration by the coalition, which continues to meet.

One of the tools developed as part of Project DIAL is a diabetes risk assessment, which includes a questionnaire on diabetes risk together with “Numbers to Know”: height, weight, Body Mass Index, waist size and blood pressure. This tool was utilized as part of the conference and by Promotores. As a follow up measure, a Risk Assessment Report is provided, together with the names and addresses of community health services agencies where they can go for follow-up should they be at risk of diabetes. The assessment tool is included in the appendix.

Project DIAL has established relationships with many community health services agencies in order to ensure that when an individual presents his or her Risk Assessment Report, they are aware of its source with Project DIAL and can take appropriate medical follow-up.

Weaknesses: Few weaknesses of this component were identified other than the lack of adequate staffing to support the coalition’s activities on a continuing basis.

C. Success Stories: return on investment

The mini-grants component of Project DIAL sparked the most significant variety of grassroots energy, commitment and engagement of local resources. This section highlights several of the mini-grant projects in order to provide a glimpse into the diversity and return on investment of these efforts.

Information gathered from all components of Project DIAL revealed a number of success stories which clearly demonstrate how resources motivated people can be in addressing a health issue affecting individuals, families and communities. The three mini-grant projects featured below reflect approximately \$6,000 in mini-grant funding—a drop in the bucket compared to the impact on lives.

The Village for Families & Children, Inc. (Hartford): The mini-grant project implemented by the Village for Families & Children reached over 1,400 students at eight (8) Hartford schools and one (1) Brighter Futures Family Center through in-class presentations, workshops during after-school programs, and school open houses, and approximately 300 parents/adults through parent workshops at the school Family Resource Centers (FRC) and presentations at school open houses and at the Burns School food pantry.

Food Pantry Distribution/Presentations: During the distribution of food at the Burns Family Resource Center Food Pantry, presenters from the Hispanic Health Council and the UConn School of Allied Health gave 20-minute presentations about diabetes prevention, good nutrition for children and adults, and other health and wellness topics, including healthy recipes with basic foods for this population, such as beans and rice. Translation was available either by the presenters themselves (particularly those from the Hispanic Health Council) or through the FRC staff. Four (4) presentations were made during Spring 2005; attendance was voluntary. During Fall 2005, food distribution frequency was changed from weekly to biweekly; we also made the attendance at presentations (accompanied by a healthy breakfast) mandatory for food receipt. Eight (8) programs were presented during Fall 2005.

Between 50 and 100 people were typically served by the food pantry each week (approximately ¼ of this group are duplicates); between 30 and 60 people attended each presentation, with higher attendance rates in the fall due to the mandatory attendance policy. Bilingual information (brochures, flyers, etc., provided by CAUSA and the Hispanic Health Council and/or developed by FRC program staff) was also distributed on these occasions and remains available for general consumption at the FRC.

Backpack Program Information: Students participating in the Foodshare Backpack program at Burns received backpacks of food every Friday; FRC program staff included informational flyers and pamphlets, geared toward children, about good nutrition and diabetes prevention in the backpacks. This information was provided by CAUSA and the Hispanic Health Council. Bilingual information was available, although it was less necessary for the children than for their parents. Fifty (50) students were served by this program during the Spring semester; approximately 25 of these children (and 25 new children, for a count of 75 unduplicated students) were served during the Fall semester. During Spring 2005, a Backpack Program serving 50 children was also implemented at Clark School, where approximately 25% of the students are Latino; Clark FRC staff distributed similar information in these children's backpacks.

Other Presentations – UConn School of Allied Health: During the Spring 2005 and Fall 2005 semesters, dietetics students from the UConn School of Allied Health have led presentations and workshops for parents and children at eight (8) of the Village's school-based programs and one (1) Brighter Futures Family Center about healthy choices in food and beverages, label reading, food groups/food pyramid, and physical activity. Some presentations took place at Family Resource Centers and other school-based programs; others were directly in the classrooms. Presenters were aware of the need to present diabetes prevention information and stressed the connection between diabetes prevention and healthy choices. Diabetes prevention materials were distributed. Schools noted with * are those with predominately (75% or higher) Latino populations.

Except for Annie Fisher School, all schools served had at least a 25% Latino population. These presentations included:

School	Topic	Date	Attendance
Annie Fisher School	Label Reading	March 15	GED program: 3 participants
Barnard-Brown School*	Label Reading	March 22	FRC/morning adult programming: 12 participants
	Fruit and veggie puppets	October 25	After-school program; 11 1-2 students
	Fruit and vegetable <i>Jeopardy</i>	October 25	After-school program; 15 5-6 students
	Adult morning program: “Diet Quality/Label Reading” with Q&A – in English <i>with Spanish translation</i>	October 27	6 parents
	“Healthy Calcium: Food for Strong Bones”	November 29	After-school program; 30 1-4 students
Dominick F. Burns School*	Label Reading	March 1, 15, 22, 29, April 5, 12	450 3-6 students
	“SNACK ATTACK” (Healthy choices within Food Guide Pyramid)	March 1, 15, 22, 29, April 5, 12	450 3-6 students
	Kindergarten Interdisciplinary Themed Lesson: “Fruits and Vegetables from Kenya”	March 1	45 children/2 classrooms
	“Captain 5ADay Adventure Activities” videotape	March 15	40 children/2 classrooms
	Themed Lesson: “Dinosaurs Eat Plants, Too”	March 22, 29	70 children/3 classrooms
	“Can You Eat a Rainbow?”	April 5, 12	125 children/5 classrooms
	School Open House –table demonstrations on portion size and fats	September 20	Approximately 75 parents and children
	“Captain 5ADay” Fruit & Veggie videotape/small group discussion	September 28	88 students (4 kindergarten classrooms)
	“Captain 5ADay” Physical Activity videotape/small group discussion	October 12	88 students (4 kindergarten classrooms)
“Captain 5ADay” make-up session (Fruit & Veggie tape and Q&A)	November 29	18 kindergarteners	

School	Topic	Date	Attendance
Burr School*	“SNACK ATTACK”	March 15	70 K-8 students
	Juice vs. Soda?	March 29	40 5-8 students
	Healthy Breakfast Bag Game	March 29, April 12	70 K-5 students
	Juice vs. Soda	October 19	After-school program; approximately 30 2-4 students
Clark School	“Captain 5ADay” Fruit & Veggie videotape/F&V recall	September 29	20 kindergarteners
	Parent workshop: “Stretching the Food Dollar” (tips for grocery shopping, using coupons, etc.)	October 11	5 parents
	“Captain 5ADay” Fruit & Veggie videotape/Q&A with students/F&V visuals	October 27	20 kindergarteners
	Parents’ morning program: “Supermarket Smarts/Label Reading/Kids’ Feeding Tips” with Q&A	November 8	7 parents
	“Captain 5ADay” Fruit & Veggie videotape and Physical Activity videotape	December 1	22 kindergarteners
M. L. King Jr. School	Label Reading/ “SNACK ATTACK”	April 5	12 elementary students
Mary Hooker School*	Juice vs. Soda?	March 22	30 elementary students
	Label Reading/ ”SNACK ATTACK”	March 1, 22	78 K-8 students
	Food Groups/Food Guide Pyramid Coloring Session	March 22	20 K-2 students
	Healthy Breakfast Bag Game	March 1, 22	76 K-8 students
	“Make a 5ADay Salad”	September 27	After-school program; approximately 20 K-3 students
	“Captain 5ADay” Fruit & Veggie videotape and Physical Activity videotape	October 25	After-school program; approximately 20 K-3 students
	Playgroup/Parent Group: “Diet Quality/Decreasing Fat in Cooking/Feeding Tips for Children” with Q&A– in English with Spanish translation	November 10	3 parents

School	Topic	Date	Attendance
SAND School	Adult Nutrition Lesson/"Second Cup of Coffee" program: "Diet Quality" with Q&A	October 26	14 participants
RAMBUH Family Center	Early Learning Program: "Captain 5ADay" Fruit & Veggie videotape and Physical Activity videotape	October 20	10 children

The Connecticut Mental Health Center/Hispanic Clinic (New Haven):

This mini-grant project focused on creating awareness of diabetes within the Hispanic mental health patient population, their families and the organization's clinicians. The project also aimed at generating behavioral changes conducive to better self care, including regular contact with primary care providers and changes in eating and exercise habits.

Through their program, which is now an integral part of their ongoing work with families, 49 psychiatric patients participated in 90-minute diabetes awareness sessions over a five-week period. The Connecticut Mental Health Center included a baseline, post-test evaluation, and a six-month follow up of the diabetes questionnaire in addition to a qualitative interview with 50% of the participants. Mean scores at pre-test and post-test showed gains in knowledge, and six-month follow up data are being compiled. The Connecticut Mental Health Center/Hispanic Clinic will disseminate the results of their program and study to a broader Latino audience and to the professional community and have submitted a poster proposal for presentation at the annual American Psychological Association (APA) conference to be held in August 2006 in New Orleans.

Casa Otoñal (New Haven): Casa Otoñal's mini-grant project targeted elderly Hispanics affected by or at risk of diabetes. The following presentations and activities were scheduled with an average attendance of 35-50 participants:

- An individual assessment for diabetics;
- One nutrition workshop;
- Two cooking classes;
- One glucometer workshop;
- One diabetes' supply vendor presentation;
- Two question & answer sessions;
- Final wrap-up which all active participants filled out a survey and were awarded a certificate.
- Weigh-ins
- Participation in weekly fitness classes provided by the St. Raphael's CareCard program.

Clients showed an overall feeling of the importance of this program as evidenced by some of the comments given in a survey given at the end of the program.

- *"The nutrition education helped a lot"* 95 year-old female diabetic

- *“I learned something new; the dietician was detailed and concise”* 67 year-old male diabetic
- *“All that was done(in the program) was good”* 76 year-old female diabetic
- *“I would like the program to be a least an hour everyday & to have more nutrition workshops”* 71 year-old male diabetic

D. Synergy among components

The evaluation of each of the project components revealed both strengths and weakness of each individual aspect of the Project DIAL, as detailed above. One of the most intriguing features of Project DIAL over a three-year period was the interdependency and synergy among all the components. The group that initiated Project DIAL, planned the initial concept and received funding formed the core of the coalition, which is poised to mobilize for a larger health advocacy agenda. This “Partner Planning Group,” coupled with the ongoing leadership and management of CAUSA and Project DIAL staff and consultants, created continuity and a working framework as the project evolved. Without this collaborative vehicle, the project would have risked fragmentation.

The statewide conference became the inspiration for many of the mini-grant projects and a number of “mini-conferences” were hosted throughout the state over the second two years of Project DIAL. These health fairs, diabetes awareness days, and educational workshops became forums for the Promotores de Salud to do outreach and for educational materials to be distributed. CAUSA member agencies sent staff and volunteers to the Promotores training, and then brought diabetes awareness messages and health advocacy back to their respective organizations, clients and communities. The conferences and awareness days were widely publicized through the media, which added another dimension to the media campaign. Not only were Public Service Announcements being broadcast, but residents of Connecticut had opportunities to attend events, be exposed to resource materials and be screened. Together, these activities formed a multi-faceted, strategic campaign to increase awareness and action among Latinos in a battle against this disease which has reached epidemic proportions.

E. Challenges & Lessons learned

Project DIAL has provided CAUSA and its partners with a number of challenges, which have resulted in lessons to be passed on to others planning to implement projects addressing health disparities affecting Latinos. Throughout the course of the project, the Connecticut Health Foundation has encouraged Project DIAL to capture lessons learned as part of the Racial and Ethnic Health Disparities initiative. Among the challenges and lessons emerging from discussions with Project DIAL leaders are:

Cultural and Linguistic Competence

Challenge: Finding bilingual, culturally competent project managers and health educators proved to be a significant challenge throughout the project. The few qualified health educators had little availability, which created difficulties in scheduling. This also had an impact on staffing for the project, including retaining staff. Feedback from participating individuals and groups also indicated the need for more bilingual medical translators.

Lessons Learned: Build sufficient time into the timeline for identifying specialized resources and build an up-to-date list of resources to tap along with costs. Salary and fee levels included in the grant were too low in some cases.

Evaluation

Challenge: Project staff focused on implementation of a complex project, which was acknowledged as “ambitious” by the funding source. Consequently, documenting and describing all the positive impacts of the work proved challenging.

Measurement of knowledge increases and behavioral changes in participants who attend educational events and receiving outreach services is difficult. Many participants attending events were uncomfortable completing written surveys due to trust issues (undocumented persons), language barriers and literacy issues, even when survey materials were in Spanish. Finding cost effective, practical ways to conduct outcome-focused evaluation activities, including development of baseline information, proved to be more difficult than originally thought. The cost of conducting comprehensive outcome and impact level evaluation with true baseline data was beyond the funding available for evaluation activities.

Lessons Learned: Identify evaluation expertise during start-up phase of project, and ensure that instruments used are simple to use, appropriate to the audience, and can be easily converted from paper to electronic form. Seek out and request technical assistance in the area of evaluation to ensure

documentation of results. Make available the Spanish language 11-item questionnaire utilized by the Connecticut Mental Health Clinic for broader use. Balance quantitative approaches with qualitative to tell the full “story” of the project.

Partnerships

Challenge: As the fastest growing minority population, many well-established mainstream organizations and public agencies are eager to partner with grassroots, Latino-serving organizations in order to access to underserved populations. The credibility built through these linkages is often used to acquire additional funding, since many grant opportunities favor projects with a strong collaborative element. Funding, in some cases, does not materialize for the grassroots partners. Partnerships and collaborative relationships require a great deal of communication, support and relationship maintenance in order to be sustained.

Lessons Learned: It is critical to build in adequate resources for staffing a project with such a collaborative focus. While limited resources encourage voluntary efforts, sufficient staff support is needed to maintain continuity and project momentum.

Healthcare System

Challenge: A number of Hispanics/Latinos fall through the cracks in the healthcare system, particularly those who are uninsured and uninsured. There are many people with enormous needs that are not being met. Through Project DIAL, information and support is being provided to many, but there are additional needs, such as proper nutrition, exercise programs, better access to medical staff and medications. These cannot be provided without adequate funding. People are also asking if they can be accompanied to doctor visits, to advocate and interpret. Risks of interpreting without adequate training in medical interpretation are significant.

Lessons Learned: The expertise, information and lessons learned through Project DIAL’s health and other advocacy efforts have shown that advocacy is an ongoing process, and that the messages to the community have to be repeated on a continuous basis to make headway. Even greater effort is needed when mobilizing new immigrants given the sensitivities, concerns and fears regarding legal status. Without the trust of the Hispanic/Latino community as a prerequisite, community residents are reluctant to voice concerns and speak out. CAUSA and its partners in Project DIAL have earned that trust and should be tapped as a valuable resource for outreach and advocacy.

It is important to bring greater attention to issues related to health care access, coverage and language barriers. Systemic change is needed into order to address diabetes as a public health issue.

Funding Issues

Challenge: Continuation funding for a pilot demonstration project such as Project DIAL is difficult to secure in the current funding climate. Federal grant opportunities over the last two years through potential funders such as the Office of Minority Health and CDC have focused on capacity building activities (vs. direct service or education) and HIV prevention. Diabetes related funding is often tied to research and requires a strong affiliation with an educational institution or larger nonprofit organization with more infrastructure.

Lessons Learned: Seeking funding for individual components of Project DIAL that have a demonstrated track record of success, such as the mini-grants, may be easier to acquire. However, funders are often reluctant to fund conferences or educational activities as stand-alone events and these activities need to be tied to broader strategies. Based on the evaluation findings from Project DIAL, it should be more feasible to approach national foundations such as Robert Wood Johnson Foundation and/or the Kellogg Foundation for funding to help advance the project and to disseminate the model on a wider basis.

Marketing & Publicity

Challenge: Many of the mini-grantees held diabetes awareness events for their respective communities. Groups were operating on limited publicity and found it challenging to “get the word out.” Building a stable database of individuals and their contact information (phone, address, email) proved difficult as a number of members of target population are transient.

Lessons Learned: In addition to distributing and posting flyers in the community, a number of organizations participating the project found it helpful to use radio as a vehicle for publicity. Hispanic/Latino serving organizations as trusted hubs are important vehicles to reach at risk individuals.

F. Outcomes and impact

Outcomes:

People Reached

Through Project DIAL, approximately 34,257 people were reached directly through project activities and distribution of literature as summarized below:

Component	Number of People Reached
Conferences	750
Promotores de Salud	1,000
Mini-grants	3,651
Media/Clearinghouse	28,856
TOTAL	34,257

Not included in the figures below are those who received diabetes messages through Public Service Announcements, publicity for events and radio and television broadcasts. Although detailed demographic data was not recorded on a consistent basis, reports and observations indicated that at least 85% of audiences were Hispanic/Latinos.

Knowledge Increases

Knowledge increases were indicated by self-report on questionnaires distributed at conferences and some of the diabetes education workshops and fairs. Of those completing surveys (approximately 49% of attendees) at the “Dale Vida A Tu Dia” conference, 292 or 293 or 99% indicated an increase in knowledge about diabetes. One mini-grant project conducted a formal evaluation of results utilizing a pre-post Spanish language questionnaire, which revealed that the mean score for the post-test was higher than the pre-test.

Behavior Changes

A number of the mini-grantees and Promotores reported lifestyle, nutritional and exercise changes as a result of activities and outreach. In most cases, reports of these changes were anecdotal in nature. One of the mini-grantee made significant efforts to follow up at the six-month post workshop point regarding behavior changes, but noted that a number of participants’ telephone numbers had been changed or disconnected.

Impact:

Impact on Participating Groups and Organizations

Impact on participating groups and organizations, as reported in reports and interviews, is as follows:

- Increased collaboration and partnerships with agencies. On average, each of the mini-grantees formed partnerships with three (3) other organizations.
- Increased cultural competence for mainstream nonprofit organizations and public agencies that partnered with CAUSA and Project DIAL for this initiative, e.g. American Diabetes Association and DPH/Diabetes Control Program. Prior to

participation in Project DIAL, organizations reported difficulty reaching the Hispanic/Latino community effectively.

- Feedback from Project DIAL participating groups has brought increased attention to issues related to healthcare access. One impact of the health advocacy network established through Project DIAL was that CAUSA was chosen by the Connecticut Health Foundation as one of the recipients for a 2006 project. This project is designed to increase awareness and knowledge among community members and candidates of health-related policy issues through strategic non-partisan advocacy.
- During the fall/winter of 2005, CAUSA was asked to play a leadership role in the formation of the City of Hartford's Diabetes Task Force Steering Committee. The Task Force will focus on primary and secondary prevention as well as improve data gathering.

Sustainability

Evaluation activities also revealed organizational behavior changes regarding diabetes information and support for clients. CAUSA member agencies, in particular, have become more proactive in promoting healthy lifestyles. Additionally, a number of the mini-grantees have integrated elements of their projects into ongoing service delivery and a number of individuals who were trained as Promotores continue in that role as a part of routine services to clients.

Additionally, a number of Project DIAL activities are being sustained by CAUSA by absorbing the cost of the Project Coordinator. Staff members continue to make presentations to a variety of interested groups upon request. Project DIAL will be featured at CAUSA's 30th Year Anniversary Gala in May 2006. Some of the funds raised through this event will be earmarked for continuing specific components of Project DIAL, including distribution of educational materials, mini-grants and support for the coalition in order to maintain project sustainability.

As a result of the 2005 Retreat for Diabetes Advocates, a committee has formed to further refine the business model for Project DIAL and to mobilize additional support. Among the relationships being explored for dissemination of the model is a partnership with the Latino Coalition for Faith & Community Initiatives, a national intermediary organization focused on "touching lives and transforming communities." The Latino Coalition provides a potential vehicle for bringing Project DIAL to Latino communities in its growing list of cities with faith-based and grassroots networks throughout the US--Los Angeles, Bakersfield, San Diego, Portland (Oregon), Dallas, Houston, Phoenix, Denver and Buffalo.

Sustainability of the Project DIAL can also be viewed in a broader context. A significant level of grassroots organizing and outreach to the Hispanic/Latino community occurred through the project. Partner organizations such as the Connecticut Department of Health/Diabetes Control Program, the Hispanic Health Council, Hartford Hospital and the University of Connecticut have utilized their involvement with Project DIAL, in part, to leverage other funding for diabetes prevention, management, education and research.

For example, in October 2005, the National Institutes of Health's National Center for Minority Health and Health Disparities awarded Rafael Pérez-Escamilla, an associate professor of nutritional sciences at UConn, and his collaborators at the Hispanic Health Council and Hartford Hospital an \$8.25 million, five-year grant to establish the Connecticut Center of Excellence for Eliminating Health Disparities among Latinos. In addition to conducting interdisciplinary research, the model for the grant, as described in the University of Connecticut's publication, *Advance*, is as follows:

“As part of its activities, the center of excellence also will host a mini-grant competition, an annual conference, and a seminar series on health disparities...The center will have both an internal advisory panel and an external advisory board.”

And so it seems that the core elements of Project DIAL will live on and be sustained, for at least five years.

III. Conclusions and Recommendations

In planning and developing the Project DIAL grant opportunity, CAUSA and its partner organizations undertook a major challenge to bring an ambitious set of program components together in a cohesive strategy. The project, which operated on an annual budget of approximately \$100,000 for each of three years, successfully navigated through a number of barriers. Simply organizing the project start-up and retaining qualified staff presented unanticipated difficulties. The level of effort required to plan and execute the first statewide conference resulted in delays in the formation of other project components, at least as originally planned. In retrospect, the timeline for the first year of the project presented a “best case scenario” for project implementation and did not take into account the potential for delays and the complexities encountered in hiring culturally and linguistically competent staff and consultants. These delays had a ripple effect on other project components. Despite the initial learning curve and staffing issues, all elements of Project DIAL were implemented, and the synergies that developed between the conferences, mini-grant projects, Promotores, information clearinghouse and coalition formation were rather remarkable. The scope and diversity of the outreach, the positive reception of the educational and support efforts by community participants and improved capacity of CAUSA member agencies and partners to address this serious health issue as documented in this report have validated the original concept.

These efforts have laid an important foundation for Project DIAL’s future community impact, refinement of the model and replication of the strategy in communities throughout the U.S. with a growing Hispanic/Latino population. The following recommendations are presented in support of the continued success of Project DIAL and the implementation of the DIAL model in comparable settings.

Continue to Provide Mini-Grants to Support Diabetes Awareness, Education and Screening

As described in the report, the mini-grant program was surprisingly successful in its reach and creativity. By providing this small “seed” funding for grassroots and faith-based and community organizations, a dynamic distribution model for dissemination of critical health information was established. Amounts and numbers of the mini-grants can be easily adjusted, and the results of mini-grant projects during over the course of 2004 and 2005 should provide a considerable case for attracting additional funding.

For future mini-grant efforts, convene all mini-grantees for a “hands-on” workshop at the beginning of project implementation to ensure that each group has a practical and easy-to-administer evaluation process and tools.

Outreach to the faith-based community was more difficult than anticipated, and those that did receive mini-grants found it difficult to comply with even basic reporting requirements due to inexperience. Regardless, the faith-based community should continue to be sought as partners. A more intensive level of technical assistance may be

needed in order to provide these groups with greater understanding of and skill in meeting accountability requirements.

As mini-grants continue, feature success stories in CAUSA's newsletter on an ongoing basis to inspire, encourage and provide acknowledgement.

Increase the Pool of Bilingual Health/Diabetes Educators and Medical Interpreters

In Connecticut, there are too few bilingual health educators to meet the demand for diabetes education. For Project DIAL, few professionals were available to conduct the training for Promotores and to assist with various educational events. This is an issue beyond the scope of Project DIAL, but this can be advanced through CAUSA's health advocacy role. One recommendation is for the Department of Public Health to take an active role in exploring models from other states (e.g. Rhode Island) to build a larger cadre of resources for the community, including development of some level of certification for lay health promoters/educators. The need for medical interpretation surfaced a number of times throughout the project, and this need should also be addressed on a systemic basis.

Hold an Annual Spanish Language Conference

During year two of Project DIAL, the first Spanish language conference of its kind was held in Hartford, with "massive outreach." The Aetna Foundation used the conference as a "model" for health fairs. The Partner Planning group, which served as the steering committee and primary workforce for the conference, had made a significant investment in planning for the 2nd annual conference when the decision was made, in dialogue with the Connecticut Health Foundation, to scale back the conference and conduct a retreat for diabetes advocates. The success of the "Dale Vida A Tu Dia" conference as well as continued requests for a repeat conference suggest that the event could easily become an important annual tradition. With a robust exhibitor program, corporate sponsorship and a related fundraiser, the conference could be self-sustaining and provide much needed awareness, education, screening and visibility.

Reestablish the Electronic Diabetes Clearinghouse

As described above, the page of CAUSA's website with diabetes links was removed when the website was revised. Reconnecting these links on the current website would be a relatively simple task and would allow this aspect to be sustained at a small cost. Hits to the page could also track which information is most useful to visitors. Restoration of these links would also provide mini-grantees and CAUSA member agencies with readily available information on diabetes to supplement printed materials.

Provide Improved Screening and Ongoing Support and Training for Promotores

If CAUSA and/or the statewide coalition can acquire additional funding for a second phase of Project DIAL, the Promotores de Salud could continue in a more formal

way. Given the limited resources for the project, it was not feasible to provide the level of ongoing support and additional training needed. Promotores, to be effective, need to be connected more closely with a local organization rather than to CAUSA, since they need a local point of contact. Promotores should also be screened carefully. If this component is continued, an effort should be made to investigate successful programs in other parts of the country to take advantages of lessons learned and best practices.

Develop Coalition Structure and Maintain Collaborations

The original Partner Planning Group, which served as an advisory group to Project DIAL, formed the backbone of the network of interested groups and individuals concerned about diabetes throughout the state. In order to the coalition to continue its formation, a governing structure and “membership” concept needs to be developed. Without such a structure, the interest and enthusiasm generated throughout the life of Project DIAL and at the 2005 retreat is likely to wane. Project DIAL should continue to collaborate with other Hispanic-focused diabetes and health disparities initiatives such as UConn’s new NIH funded center of excellence, since Project DIAL’s broad network will help facilitate continued, statewide grassroots involvement.

CAUSA and the Partner Planning Group could also take advantage of information, resources and recommendations from successful coalitions in other cities and states.

Implement a Funding Development Strategy

While the \$300,000 grant provided by the Connecticut Health Foundation was one of the largest in its portfolio of projects funded through the three-year Racial and Ethnic Health Disparities program, typical federally-funded demonstration projects operate on budgets of approximately \$300,000 per year for a three to five year period. As described in this evaluation report, Project DIAL should be viewed as a strategy with interdependent components, not simply as a collection of separate parts. Throughout the second two years of the project, a number of proposals were submitted to secure continued funding for 1) an expanded project (focusing on diabetes-related health risks such as cardiovascular disease, obesity and stroke) as well as 2) funding for parts of the project e.g. the conference. Feedback from funders was somewhat conflicting. An expanded project was viewed as “too broad,” but most funders were not interested in funding a stand-alone component such as the conference because it was too narrow and time-limited in scope. Armed with the results of the evaluation report, funding strategy for Phase 2 of Project DIAL should be developed as part of the coalition’s activities.

Clearly, the grassroots efforts associated with Project DIAL have played a role in bringing significant federal dollars to Connecticut to address diabetes in Latinos. At least part of the model being implemented through the NIH grant to the University of Connecticut bears a striking resemblance to Project DIAL. Given the success of both the mini-grant program and the conference, the evaluator’s recommendation is for the

Connecticut Health Foundation to exert its influence to help fund at least some of Project DIAL's continuing activities through the \$8.25 million UConn grant.

Additionally, based on its effective outreach to the Hispanic/Latino community, the Connecticut's Diabetes Control Program should provide additional funding to sustain CAUSA's efforts through Project DIAL. To date, the State of Connecticut provided only \$10,000 over the course of the three-year project.

Finally, CAUSA should enlist the endorsement and support of the Connecticut Health Foundation and the State of Connecticut Department of Public Health/Diabetes Control Program in seeking additional funding to advance into Phase 2 and to replicate the DIAL model in other communities throughout the U.S.

Conclusion

This report has documented the process CAUSA and its partner organizations followed in creating Project DIAL and the results achieved.

Project DIAL began with four agencies coming together to address a growing concern over the risk of diabetes and its complications for Latinos. Over a four-year period, which included a full year of strategizing and program development, DIAL's message reached well over 34,000 people throughout the state and brought dozens of outreach activities to neighborhoods, schools, families and individuals via the enthusiastic efforts of a network of over sixty (60) partnering organizations. Knowledge was increased, awareness about the issue was built, grassroots and community organizations made things happen, and people began taking small and large steps to eat healthier foods, exercise more, reduce the risk of diabetes and, for those already affected by diabetes, make improvements in disease management.

Diabetes Information and Action for Latinos, which started as a brainstorm, became a multi-faceted strategy with a broad base of support and engagement. Project DIAL has great promise as a model for addressing the devastating disease of diabetes, which continues to affect the Latino population disproportionately. The solid accomplishments achieved against considerable odds are a testament to the power of grassroots ingenuity, persistence, shared leadership and an enduring commitment to reducing health disparities.

Appendix

Appendix 1: conference evaluation summary

Marketing			
	Family	28	
	Friend	14	
	Organization	103	
	Other	29	
	Pamphlet	27	
	Radio	25	
	TV	67	
Satisfaction			
	Neutral	6	
	Satisfied	91	
	Very Satisfied	194	
	Very Unsatisfied	2	
Learned Something New			
	Yes	No	
	292	1	
Events Attended			
	Caring For Feet	25	
	Check Glucose	9	
	Children with Diabetes	13	
	Exercise Examples	4	
	Food Demonstration	209	
	Living Day to Day with Diabetes	31	
	No Answer	2	
Events More Informative			
	Caring for Feet	24	
	Check Glucose	11	
	Children with Diabetes	14	
	Exercise Example	9	
	Food Demonstration	178	
	Living Day to Day with Diabetes	53	
	No answer	4	
Adequate Time			
	No	Yes	Not applicable
	22	256	15

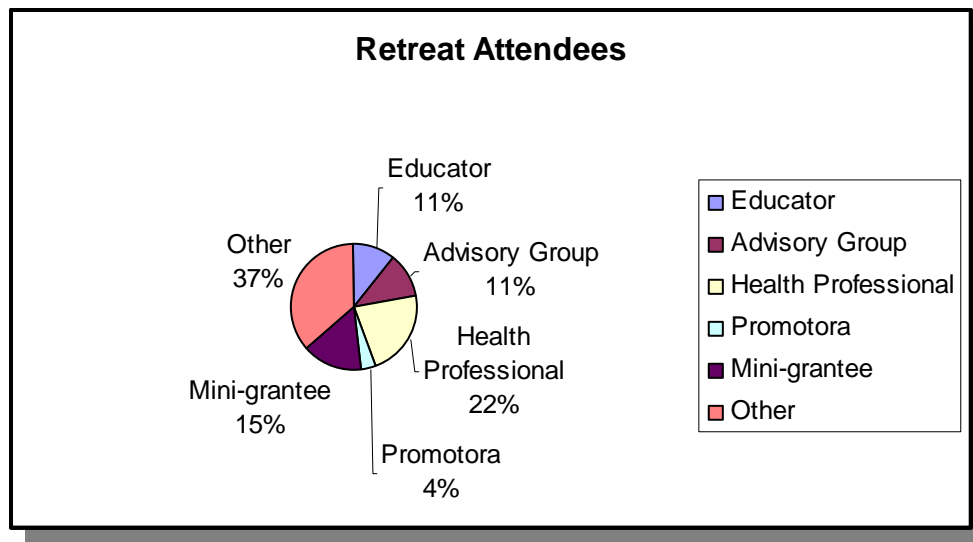
Appendix 2: Retreat for diabetes Advocates evaluation

Retreat for Diabetes Health Advocates in the Latino Community of Connecticut

June 17, 2005

Summary of Results

1. Role with diabetes and/or Project DIAL—Diabetes Information and Action for Latinos.



Attendees included:

3 Educators	6 Health professionals	0 Corporate rep	1 Promotora
3 Advisory group	4 Mini-grantees	0 Faith-based	7 Other (describe)

“Other” included 3 legal/advocacy as well as social worker, outreach workers, technology representative.

2. Personal goals in attending the session:

Attendees’ goals for coming to the retreat were very much in line with the goals of the retreat itself. Attendees were clear that they wanted to learn about what is already being done to address diabetes in Latino communities, and who is doing that work. In addition, attendees wanted to learn how to improve their own activities and to bring up-to-date information about diabetes health back to their own constituents and communities.

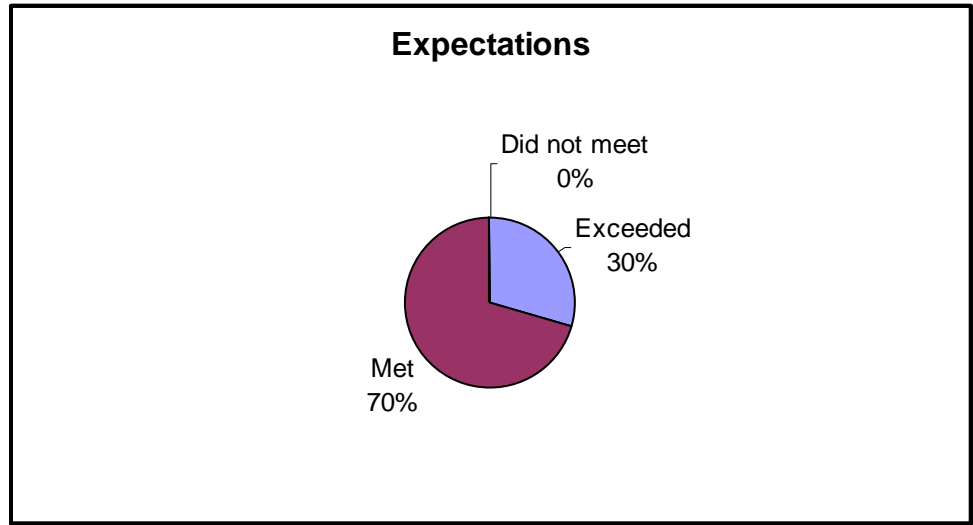
Goals stated fell into four key areas:

- Bringing information back to the community
- Learn what is already being done
- Finding out who is working on diabetes issues and connecting with those people.

D. Learn how to improve one's own activities.

(Individual responses are attached).

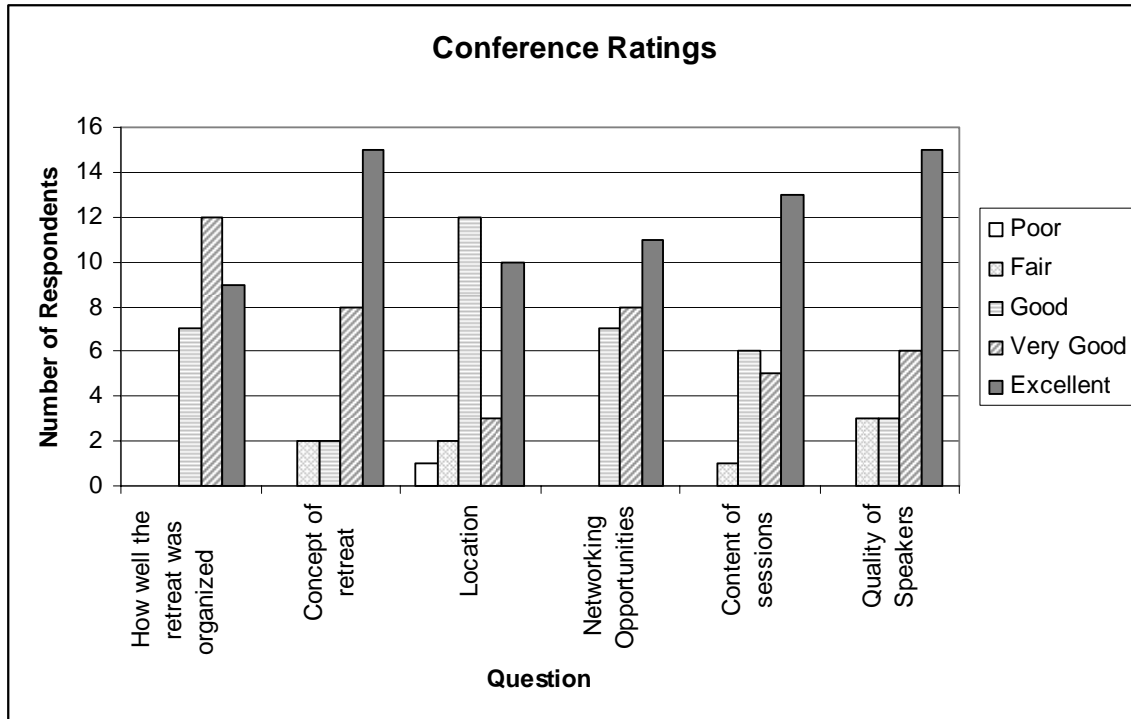
3. Overall, did the retreat meet your expectations?



8 Yes, exceeded expectations 19 Met expectations 0 Did not meet my expectations

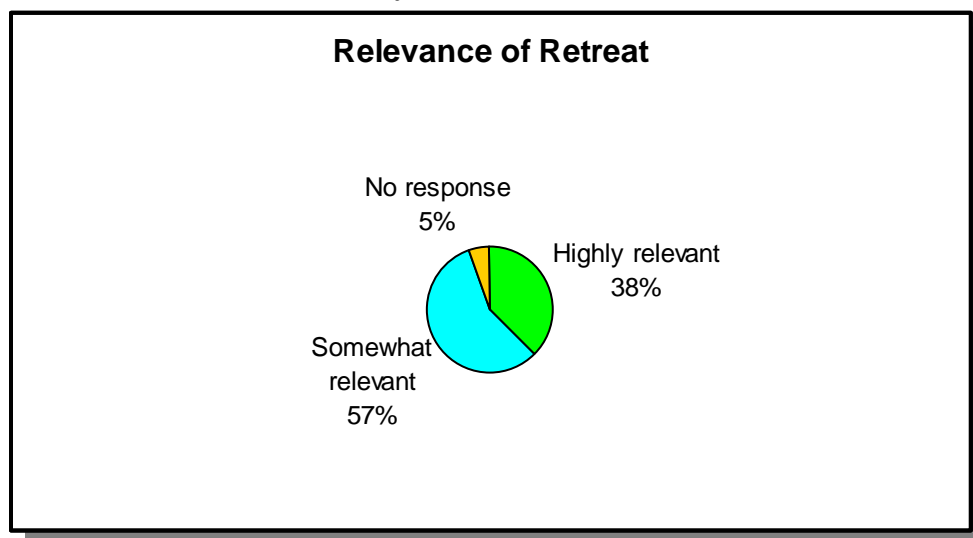
4. Please rate each of the following:

Aspect of Retreat	Poor			Good			Excellent
How well the retreat was organized	0	0	0	7	2	10	9
Concept of retreat		1	1	2	1	7	15
Location	1	2	0	12	0	3	10
Networking Opportunities	0	0	0	7	2	6	11
Content of sessions	0	0	1	6	3	2	13
Quality of Speakers	0	0	3	3	2	4	15
Totals	1	3	5	37	10	32	73



Overall, 71% of the attendees’ ratings of the retreat were very good or excellent, and 94% of the ratings were good or better. The best rated aspects of the retreat, each rated excellent 2 to 1 over all other rating categories, were the concept of the retreat, the content of the sessions, and the quality of the speakers. Together, this strongly suggests that the retreat met the needs of the attendees and was a success in that regard. Based on the attendees’ ratings, the retreat was well organized and adequate networking opportunities existed for participants. The location of the retreat was the only question where someone rated “poor”. Whereas the bulk of respondents rated the location either “good” or “excellent”, perhaps the location could have been better.

5. How relevant was the retreat to your involvement with diabetes issues?



Relevance (continued)

14 Highly relevant

21 Somewhat relevant

0 Not relevant

(2 did not respond)

6. Please indicate three things you learned as a result of attending this retreat:

Attendees noted several areas of learning, including the following categories:

- A. About the problem of diabetes in Latino populations, especially disparities.
- B. Learning about what is being done to address the problem.
- C. What approaches are working effectively.
- D. The importance of culturally competent community education.
- E. About barriers to addressing the issue.

Attendees reported learning important and relevant information that was consistent with their goals for attending the retreat. Attendees reported learning more about the problem of diabetes in Latino populations including the disparities in health services for Latinos in general, and in Connecticut specifically, that diabetes is a growing problem in Latino communities, and what the causes of diabetes are.

Consistent with attendees expectation of learning about what organizations are addressing the diabetes problem in Latino communities, 20 statements of key learning focused on this topic making note of both grassroots, community, and state agency involvement, the programs already in place and how money is being allocated, and just a sense that they are not alone and that there are a lot of people working on the same problem they are.

The two key learnings that attendees most reported were of the importance of cultural competency and teaching those in the community itself about diabetes health care. Attendees' statements suggest the notion of cultural competency in relationship to diabetes health care in Latinos took on new meaning. Given that learning about cultural competency was not a stated goal and the emphasis it placed on it by attendees, cultural competency was likely a new critical learning.

Attendees also reported learning about what activities was working in contrast to what the barriers are in place to doing more. Among what works is that information about diabetes care for Latino communities is available, there are systems to identify people in need of services, and there are models that are effective in addressing the problem. The biggest barrier was resources / funding and a lack of communication between doctors and clients.

(Detailed responses attached.)

7. Please indicate any follow-up actions you plan to initiate as a result of attending this retreat.

Follow-up actions were indicated in several areas:

- A. Actions to educate their organizations
- B. Actions to educate the community
- C. New Actions as a result of the conference
- D. Networking and new connections made

Attendees reported among their goals for coming to the retreat were to bring information back to their organization and community, and to network with other people working in the field of diabetes care in Latino communities. Not surprisingly, the bulk of actions to be taken post-retreat was to discuss what they learned with their staffs and organizations, clients and communities, and to follow-up and work with organizations they made contact with at the retreat.

In addition, several statements revolved around “new” actions they would take as a result of the retreat. This included actions such as working on a particular barrier, such as “the registry issue”, utilizing methods other organizations / agencies have found successful with their own clients / communities, and other activities that have the potential of increasing their capacity to impact diabetes in Latino communities.

(Detailed responses attached.)

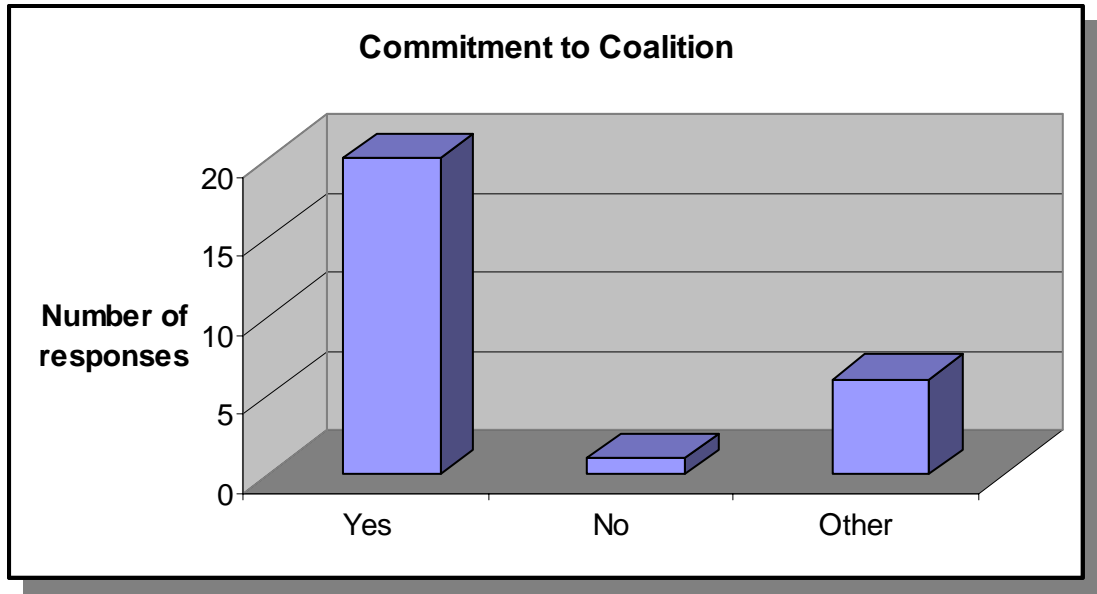
8. What other comments or suggestions do you have about the retreat and/or Project DIAL?

Additional comments were extremely positive and included many statements about how informative, well-organized and inspiring the retreat was. Several people made specific suggestions about the need to encourage more exchange between mini-grantees as well as the need for health care professionals to become more involved in the initiative. Of 35 additional comments, only two reflected any concerns: 1) the need for better directions to the facility and 2) goals for the retreat were perceived as unclear.

(Detailed responses attached.)

9. Will you commit yourself and/or your organization to involvement with CAUSA in support of our goal to design an action plan that convenes and manages an integrated network of grassroots, faith based, health and government agencies providing diabetes services to the Latino community?

74% of respondents said yes.



20 Yes 1 No 6 No response or Other (individuals indicated interest, but were not in a position to make a commitment on behalf of an organization)

**Diabetes Health Advocates in the Latino Community
Individual Responses to Questions**

Question 2: Personal Goals in attending the retreat:

A. Bringing information back to the community

1. To educate and assist Latinos in my community
2. Find my next step in bringing about awareness, change in behaviors and improved communications
3. To give more information about diabetes in our communities
4. To be informed as a representative of my community
5. Pass on the word to non-English speaking clients
6. To provide education regarding educational programs

B. Learn what is already being done

7. To learn what is being done about the crisis we're having with diabetes
8. To obtain knowledge to help the community
9. Gain knowledge of what is going on for Hispanics with diabetes
10. To learn more information about diabetes and the resources we have for the disease

C. Who is doing it and connecting with those people?

11. Learn more about CAUSA
12. Learn more on other agencies' goals and progress in addressing diabetes
13. Learn what other agencies are doing in this topic area to incorporate into our service delivery system

14. Networking, obtain knowledge about diabetes and other programs focusing on Latino outreach
15. To find out about organizations that are helping the communities
16. Networking and learning
17. Learning more about the community based organizations in the greater Hartford area and potential community resources to refer clients in need to
18. Networking and understanding
19. Better understand, networking
20. To gain more insight, network and learn about CAUSA's project DIAL progress within the last year
- 21.

D. Learn how to improve one's own activities

22. Learn better ways to be productive while helping patients
23. To learn more ways to reach and educate the Latino community
24. Learn more about how to reach Latinos regarding diabetes
25. Understand the gaps in care for Latinos with diabetes

Question 6: Learnings

A. Diabetes in Latino populations: The “problem”

1. Disparities in health services toward ethnic groups, particularly Latinos
2. Hispanic community have high percent with this condition
3. Gaps in diabetes care
4. Diabetes is a growing disease not spoken for as much as it should be
5. The growing diabetes issue in the Latino community
6. What causes diabetes
7. Gaps in service delivery in CT
8. Important disparity in healthcare stats for Latinos
9. Access to health

B. Who is out there addressing the problem?

10. Project DIAL
11. What various agencies are doing in diabetes awareness
12. Some leaders are willing to step up
13. Statewide agency involvement
14. How \$ were used to reach a greater number of people
15. Lack of funding across all member agencies for diabetes
16. Need for collaboration
17. Hartford is rich with community based organizations but I would suggest bringing health care providers, health educators and Medicaid (HUSKY) managed care organizations to the table
18. Grassroots work being done with diabetes population
19. Although you don't hear it all, lots is being done for the community
20. What programs are already in place
21. Latinos spreading the word on diabetes
22. Relationships between the healthcare providers and members on the delivery of quality care
23. Community outreach programs in Connecticut
24. What organizations are out there
25. The amount of support agencies available in the community to provide resources
26. Learning more about CAUSA organization
27. A great deal is being done about helping Latinos
28. There is an urgency to eliminate diabetes
29. Met others that focus on Latino outreach

C. What is working...

30. Increase awareness of diabetes as chronic disease
31. Diabetes information is available
32. Awareness about diabetes
33. Systems used to identify patients
34. Models that work
35. Myriad of services available for Latinos
36. Education and advocacy for Latinos

37. It works best to promote healthy behaviors that to deal with diabetes

D. The key learning and core competencies...

- 38. Importance of understanding issues and diabetes
- 39. How to become a “non-knower”
- 40. How to know and be a non-knower
- 41. Importance of continued need to provide support and services
- 42. Similarity of barriers and needs
- 43. The need for building new ideas to be proactive
- 44. Suggestion about hanging together about getting help with this diabetes issue
- 45. How healthy non and diagnosed people should eat

Cultural Competency

- 46. Actual definition and application of cultural competency
- 47. The meaning of cultural competency
- 48. Cultural competency issue—the severity
- 49. The importance of cultural differences
- 50. Importance of cultural competency
- 51. The importance of continued cultural competencies
- 52. Cultural competency is not just Annette’s dream

Community learning

- 53. The importance of educating our community
- 54. An informed community is a powerful one
- 55. We have to work with Hispanic community
- 56. Give more information and treatment for Hispanic population
- 57. Statistics on the community
- 58. The information introduced is important

E. The barriers...

- 59. Lack of communication between patients and doctors
- 60. Funding problems are a challenge
- 61. Challenges for conducting programs
- 62. What their needs are
- 63. Resources
- 64. Communication between Dr. and client need to improve to obtain the results
- 65. Lack of cultural communication between physician and patient
- 66. Need for a registry in diabetes care is recognized

Question 7: Actions

A. Actions to educate their organizations

- 1. Discuss retreat info with my staff
- 2. Meet with the provider at my health center and tell them about today’s findings
- 3. Gaining members’ trust, accommodate by changing hours
- 4. Bring info back to my hospital

5. Will stress at every level education and practice of healthy behaviors.
6. Continue to insist that all newly diagnosed should have an educational session
7. Research regarding the federal cultural and linguistic assessment standards that Medicaid managed care organizations much comply with
8. Finally a better follow-up and data collection process
9. Share with my staff the statewide involvement in education to Latinos regarding diabetes
10. Communicating the gaps to my agency

B. Actions to educate the community

11. Educate my Latino community
12. We need to teach community members how to be their own advocates (what questions to ask, what to say if they don't understand, etc.)
13. Continue education and new resources to help the community
14. Ask clients to make sure the food they get from the pantry is diabetic sensitive
15. Continue quality education
16. Information and speakers for our Senior Center on diabetes on an ongoing basis
17. Try to have a program to help clients with diabetes issues
18. Try to develop a program to educate people
19. I plan to replicate my workshop model in my community by working with churches and a local grassroots initiative I'm involved in
20. Promoting diabetes awareness in Latino youth
21. Possible to obtain diabetes information

C. New Actions as a result of the conference

22. Encourage continue support and funding to support community needs and education
23. Hopefully try to explore ways where I could help
24. Meet diabetes committee and discuss some new ideas heard from other agencies
25. I will also utilize the promotora de salud initiative in my community in collaboration with a local grassroots initiative I'm part of
26. I will definitely be using the updated diabetes assessment sheet at my next health fair
27. Integrate screening sheet/form from CAUSA in the organization
28. Attempt to get a volunteer to pick up the ball
29. Advocating for better access to health care
30. Work on the registry issue
31. We are going to start to give more workshops, presentations and information to our community

D. Networking and new connections made

32. Communicate with/network with fellow organizations on advocating and working on diabetes
33. Networking with agencies
34. Continue to work with other organizations to deal with diabetes education
35. Working closely with CAUSA and other agencies

Question 8: Other comments and suggestions:

1. Keep on supporting the Latino agencies that assist Hispanic populations in their community.
2. The retreat was great. I felt comfortable with the people that were giving the seminar—specially because we had the same background.
3. The retreat gave me a new burst of energy, ideas, a desire to work harder.
4. Project DIAL should meet more frequently, mini-grantees can put together a mini-fair.
5. Cultural competency was translated into what it really means.
6. The retreat was just great!
7. You are doing a great job—be contagious.
8. Please to find and meet other professionals that put interest in reaching Latino populations and distribution of information on diabetes.
9. The whole session was informative.
10. The retreat was very well organized and informative. Very glad to see many coming together to help Latino populations.
11. Very important cause with an outstanding mission that should continue to provide and seek resources to support the cause.
12. I learned more information about other resources and services provided our community.
13. Better location—better directions.
14. Continue with the educational mission.
15. Spanish information for our clients.
16. More information in the areas of CT outside of Hartford.
17. I believe Project DIAL is a great idea and hopefully will help a lot of people. It's nice to see people stand for a disease that's been a silent killer for so long.
18. The goals seemed unclear as were the specifics of the "DIAL" model.
19. It would be important to connect with state agencies like DPH and DSS whose work on outreach to increase enrollment in public medical assistance. Are there existing managed cared/quality improvement projects in place that we can link clients to? Research quality improvement programs that the Medicaid managed care organizations have available. Connect the community with the services available.
20. It was a very informative retreat and I was introduced to Project DIAL, of which I previously had no knowledge.
21. Facility was beautiful. I enjoyed my lunch and my lunch guests.
22. I would suggest a seminar in which mini-grantees can share or learn from other mini-grantees. An example topic might be outreach, follow-up activities.
23. One of the aspects of this retreat that I did not like was being looked down upon for belonging to an organization focused on HIV/AIDS. I was blamed for having more funds than those agencies focused on diabetes. Not fair!
24. Speakers were good, but I wish we could have spent more time in the workshops.
25. Possibly look into more funding to support mini-grantees.
26. It was good to see that we are coming together to voice our successes/needs.
27. Thanks for the support in organizing and providing this retreat.
28. Great speakers!
29. Have direct care providers, i.e. doctors, nurses, be an integral part of the discussion.

30. Very good information and excellent presentations.
31. I think it's time to use the media to give more information about the diabetes issue.
Give Spanish information with the Promotores de Salud.
32. A great job. This organization will get better and more relevant in the future. Keep up the good work. It is important!
33. It was very good.
34. Since many agencies are very busy, I would suggest that an agency that has a program that is working to team up with one that did not apply for a grant and to mentor them to implement and encourage the program.
35. Very informative. Networking list to attendees.

Appendix 3: diabetes risk assessment

Project DIAL – Diabetes Information & Action for Latinos
Dale Vida A Tu Dia Diabetes Conference, June 4, 2005

Name: _____
 Street Address: _____
 City: _____ Phone Number _____
 Your Doctor's Name: _____ Your Health Clinic: _____

Questions:

	Yes	No
Are you physically active?		
Do you exercise regularly?		
If you do, how much and how often? _____		
Do you smoke?		
Have you had a stroke?		
Have you been told you have heart disease?		
Have you been told you have high cholesterol?		
Have you had any vision problems?		
Have you lost weight recently?		
Are you thirsty much of the time?		
Do you have a family member with Diabetes?		
If you do, who is the family member? _____		
Have you had a baby that weighed more than 9 pounds at birth?		

Numbers to Know:

Date: ____/____/____

Blood Pressure: ____/____

Height: _____

Weight: _____

Body Mass Index: _____

Diabetes Risk Assessment:

Positive

Negative

If your risk assessment is checked positive above, you may be at increased risk for diabetes and should be checked by your doctor, at your local health clinic, or at one of the health clinics checked below:

Health Clinics participating in Project DIAL Diabetes Risk Assessment Follow-up:

Appendix 4: mini-grantees



Mini-grant Applicants Summary List

Organization	Contact Name	Contact Information	Project summary
1 st Hispanic Mission of Manchester, Inc.	Rev. Flora Jiménez, Founder; Exec. Director/ Mónica Padin, Human Services Director	226-A Spruce Street Manchester, CT 06040 Tel: (860) 645-8637 Fax: (860) 432-7586 FirstHispMission@aol.com	Project L.E.A.D. Serve: 50-75 people An all day event/ 2 sessions; 1. Latino diet/diabetes, 2. Diabetes puppet show/ healthy eating habits; free diabetes screening.
Hartford Hospital	Noemi Cruz, RD, CDE, Program Coordinator	80 Seymour Street Hartford, CT 06102 Tel: (860) 545-4195 Fax: (860) 545-1201 ncruz@harthosp.org	“Amigos En Salud” Provide monthly support group session by providing culturally appropriate diabetes educational information to the Hispanic community of Hartford.
Spanish Speaking Center	Mary L. Sanders, Executive Director	118 Main Street New Britain, CT 06051 Tel: (860) 224-2651 Fax: (860) 225-1713 spanishspeakingctr@yahoo.com	Provide an all day conference and diabetes detection clinic to, maintain an ongoing information center with information on diabetes services, proper nutrition and contact information for bilingual health care professionals in diabetes care.
Goodwill Industries/ Hispanic Services Program	Marian Caldera, Hispanic Services Coordinator	350 Fairfield Avenue Bridgeport, CT 06605 Tel: (203) 333-5129 x357 Fax: (203) 368-1899 mcaldera@goodwillwct.org	Viaje Contra La Diabetes Serve: 100-150 people Educate the Latino population of Bridgeport about the cause, prevention and maintenance of diabetes thru a day of information and dissemination of life-saving information about diabetes.
Iglesia Cristiana Pentecostal de Avivamiento	Rev. José Reyes, Josie Reyes	494 North Main Street Waterbury, CT 06704 Tel : (203) 596-1627 Fax: (203) 596-1627 avivamiento@sbcGlobal.net	Alcance- Reach out Will provide the Latino community with information about what diabetes is, will rent a hall, provide lunch and bring a speaker to inform the community of diabetes.

Organization	Contact Name	Contact Information	Project summary
Mi Casa, Family Service & Educational Center, Inc.	Luis- Felipe Agrelot	510 Park Street Hartford, CT 06106 Tel: (860) 522-5222 Fax: (860) 522-6028 Agrelot@Micasainc.org	Project Reach Serve: 60 people To educate and conduct awareness workshops on diabetes and its impact on the Latino community, will train 10 parents as diabetes outreach leaders to deliver workshops to other parents (50) of the Frog Hollow neighborhood.
Hispanic Clinic/ Connecticut Mental Health Center	Luis Anez, Psy. D.; Director/ Héctor Lizcano, LCSW; Associate Director	One Long Wharf Pl. New Haven, CT 06511 Tel: (203) 789-7813 Fax: (203) 789-6982	Diabetes Awareness Workshop Series Serve: 100 people Will provide clinic patients with a 90 min. group session on diabetes (10 sessions each with 10 patients, total of 100 patients). Will provide each patient w/ a \$20 gift certificate to local grocery market, so they may purchase healthy items by list given to them, patient will complete pre, post and follow-up questionnaires
Hispanos Unidos, Inc.	Luz Z. Gonzalez	116 Sherman Avenue, 1 st Floor New Haven, CT 06511 Tel: (203) 781-0226 Fax: (203) 781-0229 hunidos@yahoo.com	Uniendo Fuerzas Contra la Diabetes, (United Against Diabetes) Serve: 100 (presentation) & 50,000 (radio program) Invite a knowledgeable speaker on the Topic of diabetes to discuss factual information on self-care practices and healthy lifestyle choices. This will be done thru a weekly radio campaign targeting faith communities and thru 2 (bilingual) culturally relevant workshops in a church setting.
Institute for the Hispanic Family	Waldemar Garcia	80 Jefferson Street Hartford, CT 06106 Tel: (860) 240-5693 Fax: (860) 724-2539	Hablemos Sobre Diabetes Serve: 50 people Provide the Hispanic community of Frog Hollow, Hartford with diabetes screening, educational session, as well as distribution of diabetes materials (E/S).
Casa Otoñal, Inc.	Denise Pérez	135 Sylvan Avenue New Haven, CT 06519 Tel: (203) 773-1847 Fax: (203) 773-3045 casaotonal@aol.com	Saber ser saludable Serve: 50 people Will provide education, individual lifestyle and nutritional assessments that will encourage exercise and cooking alternatives for seniors at the Hospital St. Raphael.
The Village for Families & Children, Inc., (Burn Elementary School)	Marie Mormile- Mehler, Director, Program Planning/ Development	1680 Albany Avenue Hartford, CT 06105 Tel: (860) 297-0522 Fax: (860)297-0568 mmormile@villageforchildren.org	Prevenir la Diabetes A través de tu Vida (PDAV- Preventing Diabetes Throughout Your Life) Serve: 80-100 parents; 600+ children Provide weekly diabetes workshop for Burns parents (topics will vary), and a Diabetes Awareness Day for the students at Burns School and their families, with free diabetes screenings, information tables, healthy snacks and exercise may be provided.

Appendix 5: causa newsletter on project dial

Appendix 6: causa newsletter on diabetes retreat