

# Attracting Lifestyle Change Program Participants from Target Populations

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## **I WISH I HAD ALL THE ANSWERS...**

- ❑ But I don't.**
- ❑ CDC is working to determine best practices to recruit, enroll, and retain participants in "CDC-recognized/pending recognition" diabetes prevention programs...**
- ❑ But we haven't come to any conclusions yet.**
- ❑ This presentation does not represent CDC.**
- ❑ Mostly, this talk features what I have learned as a social scientist (anthropologist), health educator, and program evaluator – working in predominantly POOR, under-resourced communities in the Southeastern US & in the Caribbean.**

# What I Do Know...

- **Know the community – research available data, talk to key informants**
  - The United States Census has a wealth of information
  - Your state university's Departments of Economics, Agriculture, and Social Sciences have data on conditions in your state
  - Your County Extension service has tons of information
  - Local media (weekly newspapers, radio stations), associations, are important
  - Identify persons who know what's going on – formal leaders & informal leaders – talk to them
  - Local churches, businesses, schools, and libraries are all locations where knowledgeable people work who will talk to you
  - The local health department & the state health department have Good Stuff

**WALK AROUND THE COMMUNITY  
& TALK TO PEOPLE**

## **Know What You Are Up Against**

- ❑ **States in the Southeastern United States, including North Carolina, have some of the highest rates of diabetes in the nation.**
- ❑ **Diabetes disproportionately affects people who are POOR, especially those who are POOR and AFRICAN-AMERICAN**
- ❑ **Appalachian Mountain people (mostly white, some Native American) are also disproportionately affected by diabetes.**
- ❑ **Most people in minority communities/neighborhoods in every Southern state can tell you all of their relatives who have diabetes, some of whom have suffered severe complications or died early.**
- ❑ **This leads to a common perception that getting diabetes is inevitable & that there is nothing you can do to change your fate.**
- ❑ **Perceived lack of personal power to change what will happen to you (Fatalism).**

# What Living in Poverty Means

- ❑ Lower levels of education
- ❑ Poor quality housing
- ❑ High levels of unemployment OR jobs that pay the minimum wage, with shift work & uncertain schedules
- ❑ Earlier childbearing, reliance on extended family support
- ❑ Limited access to transportation (outside of cities)
- ❑ Limited resources & power – personal & community – to address problems (e.g. Flint, Michigan)
- ❑ Discrimination
- ❑ Harassment from “the authorities” – police, other government agencies
- ❑ Everything becomes a constant hassle
- ❑ Everything is uncertain, including having enough to eat

## **Distrust & Suspicion**

- ❑ Fearful of outsiders' motives**
- ❑ Fearful of government, organizations they do not know**
- ❑ Fearful that what they say or do will be used against them**
- ❑ Fearful that others in the community will distrust them if they get involved in an "outsider's program"**
- ❑ Personal experiences may have been very negative**
- ❑ Distrust is adaptive in their living circumstances**
- ❑ Do not JUDGE – you do not know what their lives have been like**

# Establishing Trust

- ❑ **Work with the community's gatekeepers**
- ❑ **Gatekeepers are trusted community leaders**
- ❑ **May or may not be in an "official" leadership position**
- ❑ **Their opinions hold great sway over other community members**
- ❑ **Bring them on board deliberately – you may want to have several conversations, present the material, explain what we are trying to accomplish**
- ❑ **Ask for their help – on the best way to introduce yourself & the program, on talking to community members, on participating in "kick-off" & other celebrations, even on how to present the curriculum, how to stay in touch with participants during program**
- ❑ **TAKE THEIR ADVICE!!!**



## **Establishing Trust, Part 2**

- ❑ **Consider hiring & training someone from the community to act as an assistant**
  - **Maintain communications with participants on your behalf**
  - **Help to plan & organize sessions & celebrations**
  - **Help to support participants' efforts**
- ❑ **Be careful – assistant should not be the coach, assistant does need thorough understanding of what the program is & is not**
- ❑ **Assistant could progress to becoming a lifestyle coach if appropriate (= Community Health Worker)**
- ❑ **Bring in community members/leaders to give testimonials, words of encouragement, support for the program (Champions)**
- ❑ **After first cohort completes program, have them come in to talk to current participants**

## Remember Aretha

### ❑ R-E-S-P-E-C-T

- ❑ Most important aspect of your interactions with people in the community & participants in the program
- ❑ Don't talk down to people
- ❑ Don't criticize or scold
- ❑ Always let them be the ones to decide if they are going to do something
- ❑ Assume they have good reasons for the decisions they make

# Marketing Plan

- ❑ **Marketing your program is a fundamental aspect of being a Lifestyle Change Program Provider**
- ❑ **Continuous – on-going – not “one time only”**
- ❑ **Marketing Plan Template available from CDC**
- ❑ **Core elements:**
  - Goals & Objectives
  - Target Audience
  - Strategies to Reach Target Audience – Address Obstacles
  - Messaging
  - Marketing Mix – Promotional Tactics to Support Strategies
- ❑ **HOW YOU RUN YOUR PROGRAMS BECOMES YOUR MOST EFFECTIVE MARKETING STRATEGY**

## **Goals & Objectives**

- ❑ Enroll X number of persons with prediabetes who are on Medicaid or would be Medicaid eligible under ACA expansion [138% of poverty]**
- ❑ Retain X number of persons from target audience in the Lifestyle Change Program (NDPP/YDPP)**
- ❑ Develop interest & support for the program among community members**
- ❑ Reduce number/percentage of people from the target audience who develop diabetes**
- ❑ Increase number/percentage of people from the target audience practicing healthy behaviors**

## **What obstacles do you face reaching the target audience?**

- ❑ **Cost – real monetary cost & opportunity cost**
- ❑ **Opportunity cost refers to the value placed on the lost opportunity to do other activities instead of participating in the program**
  - Work
  - Rest
  - Spend time with family, friends
  - Do their own housework, errands
  - Other community activities (church)

# Most of the people who are poor **WORK**

- ❑ **May work for minimum wage**
- ❑ **May work multiple jobs (at minimum wage)**
- ❑ **Many minimum wage jobs are shift jobs**
  - Work a certain number of hours, but have different schedule each week
  - Getting adequate rest & getting errands done may be difficult
- ❑ **Working poor rely on public transit or friends to get to work – very time-consuming**
- ❑ **May work “under the table” – cash for occasional work – “day labor” – unscheduled, unreported**
- ❑ **May work in the “informal economy” – exchange services with friends & family**
  - Childcare, housework, chores, intermittent jobs
  - Tied to friends’ and families’ schedules

## **Convenience vs. Competing Demands**

- ❑ Irregular schedules an issue**
- ❑ Transportation an issue**
- ❑ Child or elder care an issue**
- ❑ Place where classes are held hard to get to – not served by public transportation**
- ❑ Others?**

## **Major Strategy: Address Competing Demands**

- ❑ **Schedule classes at times that are convenient to your target audience (not necessarily for you)**
- ❑ **Be prepared to offer “make-up classes” for folks who have difficulty due to schedule changes – emphasize this during marketing**
- ❑ **Either offer transportation vouchers OR**
- ❑ **Take the classes to them in an easy-to-access community site with which they are comfortable**
- ❑ **Offer child or elder care, or reimbursement for same**
- ❑ **Use that community assistant to address possible participants’ issues (“Talk It up”)**
- ❑ **Be prepared to address Naysayers!**



# Adjust Strategies When Needed

- ❑ **Sociological variables that may make a BIG DIFFERENCE to your strategies**
  - Racial/ethnic background
  - Culture
  - Education
  - Age
  - Gender
- ❑ **ONE SIZE WILL NEVER FIT ALL**
- ❑ **Consult your “gatekeepers” and community leaders for advice**
  - Train lifestyle coaches that match your target population in some variables, or use community assistants to “translate the message”
- ❑ **Try same-gender groups**
  - Most men get uncomfortable in female-majority groups led by women...

# Promotional Mix – How to Reach Your Audience

- ❑ Promotional tactics are the way the program comes to life.
- ❑ Tactics connect back to your strategies.
- ❑ The promotional plan should include what the program will do, how it will reach the audience, and when activities will occur.
- ❑ What are the key tasks you need to do?
- ❑ What channels will you use that will reach your audience?
  - Ways to distribute information about the program
- ❑ How will you adjust the 4 P's (Product, Price, Place, Promotion) to minimize barriers and enhance the perceived benefits to your priority audience.
- ❑ Put yourself in their shoes and consider what would make you decide and commit to this program (ask gatekeepers & community assistant)

# How to Distribute Recruiting Material

- ❑ **Examine how members of the community get their information now**
- ❑ **Trusted individuals (“gatekeepers” and leaders)**
- ❑ **Trusted institutions – clinics, shops, libraries, churches, schools, other worksites, transit stops**
- ❑ **Identify regularly occurring community gatherings**
- ❑ **MULTIPLE ANNOUNCEMENTS IN MULTIPLE PLACES work the best!**
- ❑ **Use a variety of materials – posters, flyers, announcements from the pulpit, others –**
  - Banners, posters can also be used to make your meeting place exciting & interesting
- ❑ **Invite everybody interested to a community gathering or kick-off**
- ❑ **Make it sound like a good time!**

## **What is your message?**

- ❑ **What type of messages will resonate with your audience? (Tone, style, emphasis, etc.)**
- ❑ **Selecting key messages for your audience means finding the right words and phrases that will most appeal to the audience and motivate change.**
- ❑ **Emphasize what they know: Diabetes = suffering**
- ❑ **Emphasize what you know: Diabetes can be prevented**
- ❑ **Emphasize what you want them to know: They can learn how to take simple steps to become healthier & prevent getting diabetes ever**
- ❑ **Tell them: It's painless (FUN!) & FREE!**

# What Are You Selling?

- ❑ **Issue: Low literacy/education level**
- ❑ **Issue: Low health literacy**
- ❑ **Make your message specific & brief**
- ❑ **Emphasize empowerment – this program teaches you what to do & how to do it & YOU CAN DO IT!**
- ❑ **Appeal to core values: concern for family, loved ones, desire to avoid suffering & cost associated with diabetes, being a role model for children.**
- ❑ **DO NOT EMPHASIZE WEIGHT LOSS!**
  - The NDPP is not another “gimmick” but proven science
- ❑ **DO NOT MAKE IT SOUND LIKE SCHOOL!**
- ❑ **MAKE IT SOUND LIKE FUN! USE HUMOR!**

## **Kick-Off or “Session 0”**

- ❑ **Hold a community meeting**
  - Have people sign in & give a phone number if willing
- ❑ **Have those present hear talk about diabetes, prediabetes, and the diabetes prevention program**
- ❑ **Have materials on display**
- ❑ **Explain how the program works**
- ❑ **Explain what participants do**
- ❑ **Explain when, where the program will be held – address obstacles – mention “make-up sessions”**
- ❑ **Bring a successful participant or champion to talk**
- ❑ **Introduce the Lifestyle Coaches & community assistants**

## **Session 0, continued**

- ❑ **Have participants take a Diabetes Risk Assessment (paper & pencil) OR, partner with health care agency to do on-site A1C testing (finger prick)**
- ❑ **Have counselors available to talk to folks with A1Cs above 6.4 - refer to health care provider**
- ❑ **Have folks with A1Cs in the prediabetic range – or have a high enough score on the Risk Assessment take a “Readiness to Change” test**
- ❑ **Issue a challenge: Are you ready to make a difference in your life? Are you ready to save your life?**
- ❑ **Have them complete registration form, collect contact information, tell them when the 1<sup>st</sup> class session will be**
- ❑ **Include a statement of commitment on form & have them sign it!**

## **Make Connections**

- ❑ Do not let anyone leave the community meeting/Kick-Off/Session 0 without getting some literature & information about the program**
- ❑ They may give it to a family member or friend who may be interested & might sign up**
- ❑ They may decide to sign up after thinking about it, talking to others**
- ❑ Ask them to spread the word!**
- ❑ Follow up (why you need contact information)!**



# Judicious Use of Incentives

- ❑ **Use incentives to reward positive behavior change, not outcomes**
- ❑ **Reward effort & encourage keeping it going**
- ❑ **Choose incentives that also reinforce healthy behaviors**
- ❑ **Make sure that everyone who participates will get a reward**
- ❑ **Ask your audience what they would like**
  - Cookbooks, pots & pans, measuring spoons, “diabetes plate”
  - Simple exercise equipment – shoes (or a voucher), stretching guides, bands for weight resistance, pedometers, exercise DVDs
  - Alternatives to eating that soothe stress & anxiety – music, bath gels & body lotions, candles, etc.
  - Vouchers for farmers’ market
  - Magazine subscriptions – Cooking Light

# Communication

- ❑ **Stay in touch with participants between sessions**
- ❑ **Check how they are doing – provide “coaching” out of class (they may not want to discuss everything in group)**
- ❑ **Encourage the buddy system – participants pairing up to exercise, cook & eat together, encourage each other**
- ❑ **Expect periods of no progress & times when folks “forget” to do healthy behavior**
- ❑ **Teaching folks to examine the situation & circumstances around making poor choices, to not give up then but to start back on the plan, is the most important thing people can learn from the program!**

## **Build In Fun**

- ❑ **Encourage participants to share successes, no matter how small, and to praise each other's efforts.**
- ❑ **Encourage participants to bring in music & have a dance session – build in some physical activity in every session.**
- ❑ **Encourage participants to visualize how they will look and how they will feel when they are living a healthy life.**
- ❑ **Field trips!!!**
- ❑ **Guests!!**
- ❑ **Contests! Games! Incentives!**

# Celebrate Success

- ❑ **Gradually move from weekly to monthly**
  - Use a weekly, bi-weekly, monthly schedule
  - Add additional sessions
  - Keep in touch – communicate often
- ❑ **Hold special meetings to mark transitions**
- ❑ **Make a big deal at the end – sponsor a graduation – invite family & friends, influential community members to participate**
- ❑ **Present certificates**
- ❑ **Present awards – get class members to nominate awardees – reward participation, enthusiasm, encouragement of others**

# FINAL THOUGHTS

- ❑ **ENTHUSIASM**
- ❑ **KINDNESS**
- ❑ **CARING**
- ❑ **CONCERN**
- ❑ **SUPPORT**
- ❑ **BE EMPOWERING**
- ❑ **BE PERSISTENT**
- ❑ **DON'T LOSE HEART**
- ❑ **YOU CAN DO IT!**

**Questions?**  
**Thank you for your time.**  
**Thank you for caring.**  
**Thank you for working to prevent  
diabetes in North Carolina.**

**For more information please contact Centers for Disease Control and Prevention**

1600 Clifton Road NE, Atlanta, GA 30333  
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