

# Black Women's Health Imperative

## Health Wise Woman Diabetes Self-Management Project

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### *PROJECT OVERVIEW*

The Black Women's Health Imperative (Imperative) is a national organization advancing the health and wellness of the nation's Black women and girls. It sought to reduce racial and gender-based health disparities among Black women in Washington DC through one of its signature programs, the Health Wise Woman Diabetes Self-Management Project. The Imperative has a 31-year history of moving wellness to the top of the life agenda of Black women and advancing the health of Black women and families through national policy, research, and programming.

This project used a community-driven approach to address diabetes self-management through health education, social and emotional support (i.e., self-help), and referrals to community and clinical resources. The project's aim was to empower Black women to better understand and manage their diabetes. The Imperative adapted its existing Health Wise Woman Diabetes Education Curriculum to include self-management and self-help components. The project's specific goals were to: 1) Enhance community, clinical, and social support networks to address diabetes care and treatment needs of Black women in DC; 2) Increase health literacy, self-efficacy, and skills development in diabetes self-management among 150 Black women age 40 and over; and 3) Strengthen community and organizational capacity through trained community health educators and self-help group facilitators.

### *CONTEXT AND PARTNERS*

Uncontrolled diabetes is particularly high among African Americans living in DC, ranking 13<sup>th</sup> in the nation in 2007 with 7.5% of adults having been diagnosed with diabetes. In 2009, Black women in the District had a diabetes mortality rate of 122.7 per 100,000— a rate that is more than 5 times higher than that of White women (22.3 per 100,000). Further complicating the issue, Black women often live in resource poor neighborhoods without adequate access to health services.

To address the gaps for this population the Black Women's Health Imperative, with community and faith-based partners, established relationships with neighborhood health centers to assure that services aligned with the specific needs of women living in five low-income priority neighborhoods (Wards 4, 5, 6, 7, and 8; a majority of activities occurred in Wards 7 and 8). To support the adoption of lifestyle change as a strategy for improving health outcomes, the Imperative delivered group-level health education sessions using a practice-based curriculum developed by the Imperative—Health Wise Woman.

Partners in the Health Wise Woman Diabetes Self-Management Project included:

- The Empowerment Center, Northeast DC
- N Street Village, Northwest DC,
- Covenant Baptist Church, Southeast DC
- Anacostia Yogi, Southeast DC
- Still I Rise, Inc., Prince George's County, MD

## *ASSESSMENT AND PLANNING*

In order to assure a responsive project design, prior to project implementation the Imperative initiated a six-month community assessment and planning phase. Imperative staff first completed a comprehensive literature review to identify best practices and evidence based models for chronic disease management. Staff then conducted a community needs assessment by facilitating three focus groups with women and families in the targeted wards, and conducting 147 community surveys to gain a better understanding of the needs of women living with and affected by diabetes. This assessment phase revealed some critical information about the targeted population—many women who were living with diabetes did not have a basic understanding of the disease. For this reason, basic diabetes education was integrated into the first few modules of the Health Wise Woman Curriculum to lay the foundation for diabetes care and management.

During the second part of the assessment phase, the Imperative completed an environmental scan of the DC area that included a series of 24 key informant interviews with health care providers, community leaders, and Black women living with diabetes. These assessments informed further development of the curriculum and program design to include comprehensive knowledge of diabetes, signs, symptoms, and ways to control the disease.

To support community buy in and engagement, and to better facilitate future sustainability efforts, the Imperative established a 17 person community advisory committee, composed of members of the practice community, community service providers, consumers, health educators and local business professionals. These individuals and organizations were able to bring their knowledge, expertise and community connections to bear on the outreach, promotion and recruitment efforts related to the project and helped in identifying and securing potential intervention sites.

## *INTERVENTION*

The Health Wise Woman Diabetes Self-Management project contained two approaches:

1) Utilization of trained, culturally appropriate, peer or community health leaders (Health Wise Women), trained by Imperative staff to facilitate the self-management groups using the Health Wise Woman curriculum.

2) To improve individual self-efficacy and awareness among Black women and their families experiencing diabetes, the Imperative delivered interactive health improvement and life skills development activities, facilitated physical activity and community referrals, and provided connection to social, emotional and community supports. The Health Wise Woman Diabetes Self-Management Project used a chronic disease self-management model which included:

- Building capacity of partners by training culturally competent Health Wise Woman facilitators to conduct the self-management workshops and trainings for program participants. It also included training partner staff in the collection of data from the Health Wise community education events. This enhanced capacity in faith-based institutions and community-based organizations to conduct gender-specific and culturally appropriate diabetes self-management education.

- Delivering a culturally sensitive and gender-specific intervention integrating health education, physical activity and social support. Peer Leaders provided health education (to Black women in a group setting) on diabetes self-management using the Health Wise Woman curriculum

**Table 1.** Imperative’s Health Wise Woman intervention components, specific elements, and modes of delivery.

INTERVENTION COMPONENTS	SPECIFIC ELEMENTS (what was done)	MODE OF DELIVERY (by whom and how)
Diabetes Self-Management Education	<ul style="list-style-type: none"> <li>• Peer leaders trained in Imperative’s Self-Help approach to working with Black women</li> <li>• Group facilitated by trained Peer Leaders based on Imperative’s self-empowerment model (i.e., self-help) and Health Wise Woman curriculum</li> <li>• Participants completed health risk assessment before intervention and knowledge assessment before and after intervention</li> <li>• Set personal SMART priorities for their overall health and wellness including diabetes self-management and personal family goals (e.g., )</li> <li>• Develop action steps for goal attainment</li> <li>• Teach self-management behavior, PA included, at each session (e.g., dance, walking, yoga)</li> <li>• Basic diabetes education and information</li> </ul>	<ul style="list-style-type: none"> <li>• Training delivered by peer educators and Imperative staff</li> <li>• Dialogue and storytelling facilitated by peer educators and staff</li> <li>• Training of trainers by staff (i.e., trained women in the community from partner organizations)</li> <li>• Peer leaders role modeled the desired physical activity and women practiced the new behavior</li> </ul>
Support for Managing Diabetes and Distress	<ul style="list-style-type: none"> <li>• Implemented the Health Wise Woman curriculum, containing the following modules: <ul style="list-style-type: none"> <li>○ “Being Black and Female” (Realities of social, political and economic factors on Black women’s ability to be well)</li> <li>○ Diabetes and Black Women</li> <li>○ Healthy Eating I (includes discussion of soul food pyramid)</li> <li>○ Healthy Eating II</li> <li>○ Physical Activity</li> <li>○ Movement in Motion</li> </ul> </li> <li>• Women reported on progress in implementing action steps towards goal attainment, and other women provided support and guidance from their experience</li> <li>• Self-Help Sister Circle—dialogue, storytelling without judgment, social and emotional support to enhance self-awareness and empowerment.</li> </ul>	<ul style="list-style-type: none"> <li>• Peer educators and Imperative staff set ground rules for Sister Circles and facilitated dialogs.</li> <li>• Women reported on progress in implementing action steps towards goal attainment.</li> </ul>
Enhanced Access/Linkage to Care	<ul style="list-style-type: none"> <li>• Provided on-site screening (i.e., blood glucose, BMI, weight, height, blood pressure, waist circumference) for Black women within their communities. [This was implemented in two of the five sites.]</li> <li>• Provided information and referral regarding other community resources</li> <li>• Provided informal navigation to client-desired services</li> </ul>	<ul style="list-style-type: none"> <li>• Imperative staff worked with partnering organizations to provide on-site screenings</li> <li>• Imperative staff and peer educators referred women to community resources as needed</li> </ul>
Community Organization, Mobilization, and Advocacy	<ul style="list-style-type: none"> <li>• Engaged community members in identifying what was needed to implement self-management programs</li> <li>• Established a 17-person advisory committee (e.g., diabetes stakeholders including people living with</li> </ul>	<ul style="list-style-type: none"> <li>• Imperative staff conducted surveys, focus groups and key informant interviews</li> </ul>

	<p>diabetes and people working in organizations serving people with diabetes) that guided development and implementation of the effort</p> <ul style="list-style-type: none"> <li>• Provided information regarding patient self-advocacy (e.g., patient rights to health, wellness and quality of care) and communicating with health providers</li> <li>• Provided information on basic rights including asking for information about treatment plan</li> </ul>	<ul style="list-style-type: none"> <li>• Imperative convened advisory board. Board met in person and via conference call</li> <li>• Imperative staff and peer educators shared self-advocacy tools and skills with women</li> </ul>
Health System and Community Transformation	<ul style="list-style-type: none"> <li>• Changed practices within community and faith-based partner organizations to build their internal capacity for diabetes self-management support (e.g. changes to mode of care delivery from health professional to peer health leaders)</li> </ul>	<ul style="list-style-type: none"> <li>• Imperative staff supported community and faith-based partners in creating infrastructure for diabetes self-management support</li> </ul>

*STORY OF COMMUNITY TRANSFORMATION: Self-Help Sister Circles™*

The Black Women’s Health Imperative realized that many Black women in the DC area needed more than diabetes care—they needed social and emotional support in order to achieve and maintain positive lifestyle changes. For this reason, the Imperative integrated its signature self-help Sister Circles™ as a core component of its self-management initiative.

The Self-Help model aims to increase competencies and knowledge of Black women in self-advocacy on health issues, support Black women in developing support systems for positive behavioral change, strengthen social networks and increase stress management skills. Sister Circles™ reduce health risk by promoting support networks that serve to buffer the negative effects of stress and support behavioral interventions through the expansion of existing support systems and the development of positive Sister Circle™ support groups.

The self-help Sister Circles™ provide a safe space for women participating in the Health Wise Woman program to discuss diabetes-related issues, and other issues that impact women’s ability to practice self-management. Several ground rules are used to create this safe space: The Sister Circle™ participants come together in an unbroken circle, with no empty seat or space between them. Furthermore, no mind-altering substances or stimulants like caffeine are brought into the circle. Participants agree to confidentiality and to avoid judgment and unsolicited advice giving. Women are encouraged to view themselves as experts who have the solutions to their own problems. Conversations in the Sister Circle™ became organic as women began to understand and relate to one another. The conversations often went beyond managing diabetes to include issues such as what it means to be a Black woman, societal, financial and family pressures, and what challenges participants face on a daily basis. Program participants reacted positively to the self-help Sister Circle™ and many women reported feeling empowered to control their diabetes, and also support other Sisters in controlling their diabetes.

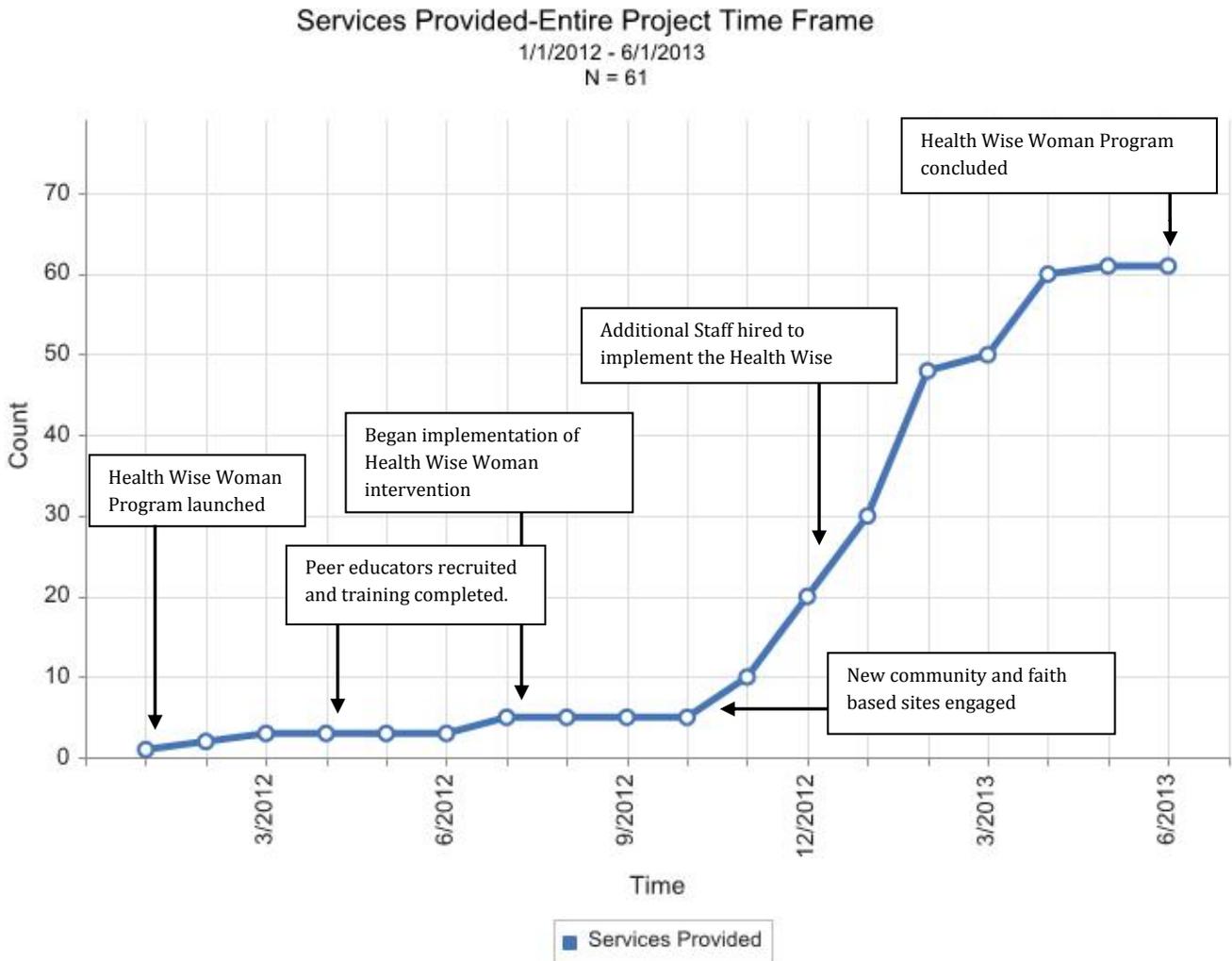
*EVALUATION RESULTS AND FINDINGS*

The Black Women’s Health Imperative’s project implementation resulted in the participation of 127 women across the five partner sites. The Imperative also trained a total of 27 women as Health Wise Woman educators. Furthermore, the Imperative established a 17-member Community Advisory Committee composed of community and faith based organizations, health care providers, diabetes educators and women living with diabetes to help support and sustain program activities in the community. This project created and maintained

working partnerships with a total of five community and faith-based organizations to serve as implementation sites for the project. The five partnerships include: 1) The Empowerment Center (faith-based organization); 2) N Street Village (social service agency); 3) Covenant Baptist Church (faith-based); 4) Anacostia Yogi (fitness studio); and 5) Still I Rise (community social service agency).

Figure 1 displays the unfolding of services provided—a measure of program implementation—over the Bristol-Myers Squibb-funded time frame. The services provided included screening, diabetes self-management education sessions, self-help sessions, yoga sessions, and social services navigation.

Figure 1: Cumulative Graph of Services Provided through the Health Wise Woman Project



The Health Wise Woman program started in January 2012, with the inaugural meeting of the community advisory committee, initial training of Health Wise Woman peer educators, and other development activities. The training was completed in April of 2012. In October of 2012, the data show a significant acceleration of service provision with sites that replaced those originally recruited, but were unable to participate. There was further acceleration in services provided in January of 2013, as additional Imperative staff were hired and trained to implement the Health Wise Woman curriculum. In June of 2013, community partners were unable to commit to further implementation of the intervention, and as funding was closing out, no further partners were engaged.

Twenty-seven women were trained and engaged as Health Wise Woman health education and self-help facilitators. These peer facilitators provided 20 intervention sessions to 127 participants across five implementation sites. Despite intentions, the project was unable to collect pre and post clinical health outcome data from participants due to prohibitive costs of the clinical testing.

### *WHAT WE ARE LEARNING*

The Black Women's Health Imperative identified key restraining and facilitating factors in implementing the Health Wise Woman Project.

There were several facilitating factors that contributed to the program's implementation. Those include:

- The Imperative's knowledge of the realities of Black women's lives and its existing diabetes curriculum and Self Help Sister Circles™ framework. Being respectful of the "lived lives" of the people you are reaching was a key guiding value.
- Extended relationships with other organizations that helped secure project partnerships.
- The integration of this initiative into existing social service and health programming of key community partners. This helped resolve some issues related to recruitment and retention and increase participation. For example, the program was integrated into the resident peer training program of N Street Village, an organization that provides skill development to women in the process of transitioning from homelessness to self-sufficiency.
- Black women and their families felt connected to services within their communities. It is key for services to be offered in familiar environments where the women are already connected (e.g., clinics, churches) and to link the interventions with enhancements in self-concept.
- Self Help Sister Circles™ created group cohesiveness, increasing retention rates.

Restraining factors included:

- Limited access to services and awareness of diabetes— Black women in the community were often hesitant to engage in the program as participants.
- Dissipating interest in program participation of faith-based organizations and community-based organizations due to competing priorities.
  - Difficulty in establishing schedules at community sites due to existing priorities and conflict with other programs
  - Limited resources within community and faith-based organizations to support additional program activities
- Inability to collect A1C level measures due to cost.
- Inconsistent attendance of program participants due to competing priorities and barriers to participating.
- Scheduling challenges among peer educators who had competing priorities and limited time.

### *MOVING FORWARD AND PLANS FOR SUSTAINABILITY*

The Black Women's Health Imperative developed a sustainability plan to maintain the outreach, training, and support components of the project. In addition, the Imperative plans to use a diffusion strategy as a sustainability tactic to share key findings, lessons learned strategies, and recommendations for replication.

**TABLE 2.** The Black Women’s Health Imperative’s Plan for Sustainability

TACTICS OF SUSTAINABILITY	SPECIFIC EXAMPLES OF HOW TACTIC IS USED
1) Share positions and resources with organizations that have similar goals	<ul style="list-style-type: none"> <li>• Interest has been generated through Imperative presentations and discussions conducted at national meetings and conferences such as the American Diabetes Association and APHA. Organizations have expressed interest in the curriculum and approach.</li> <li>• The Imperative is exploring how to more widely disseminate best practices and lessons learned, as well as partner with groups to offer the program.</li> </ul>
2) Incorporate the initiative’s activities or services into another organization with a similar mission	<ul style="list-style-type: none"> <li>• Imperative will institutionalize program activities into an existing health disparities and chronic disease initiative within the Imperative</li> <li>• Imperative will explore opportunities for collaboration and integration of project components into the existing efforts of the following: <ul style="list-style-type: none"> <li>○ Imperative’s Wellness Initiative</li> <li>○ National Diabetes Prevention Program</li> </ul> </li> </ul>
3) Apply for grants	<ul style="list-style-type: none"> <li>• Continuously researching funding opportunities that support the overarching goal of achieving wellness through health equity, as outlined in the organization’s newly adopted strategic plan.</li> </ul>
4) Tap into available personnel resources	<ul style="list-style-type: none"> <li>• All Imperative program staff have been trained in the Health Wise Woman curriculum and Self Help Sister Circles™.</li> </ul>
5) Solicit in-kind support	<ul style="list-style-type: none"> <li>• Work with local health departments to enhance training and professional development of BWHI staff.</li> </ul>
6) Develop a fee-for-service structure	<ul style="list-style-type: none"> <li>• Through the diffusion of best practices and lessons learned, interest has been generated in providing training to staff of service providing agencies in other cities/states. The Imperative is exploring offering this training and use of the curriculum as a fee for service activity.</li> </ul>
7) Acquire public funding	<ul style="list-style-type: none"> <li>• Create a virtual presence for the project materials, publications and lessons learned Imperative’s website, <a href="http://www.blackwomenshealth.org">www.blackwomenshealth.org</a></li> <li>• Imperative will develop and publish signature “Black Papers” detailing the issue of diabetes disparities among Black women. <ul style="list-style-type: none"> <li>• Imperative plans to package diabetes education materials into a campaign kit to help organizations or individuals make compelling presentations about diabetes self-management. These kits are available upon request and can be downloaded from the Imperative’s Web site, <a href="http://www.blackwomenshealth.org">www.blackwomenshealth.org</a></li> </ul> </li> <li>• Disseminate project information by submitting an abstracts for presentation at the National Diabetes Translation Conference</li> </ul>

*PROJECT PUBLICATIONS AND MATERIALS*

- Presentations and Publications

- Congressional Black Caucus Annual Legislative Conference, Diabetes Awareness Panel Discussion, September 2011 and September 2012
- American Diabetes Association Annual Disparities Conference, October 2012 and 2013
- American Diabetes Association National Program Directors Meeting, April 2012
- Society of Public Health Education (SOPHE) Diabetes Awareness Month Webinar, November 2012, November 2013
- American Public Health Association Presentation, October 2013
- Project Materials
  - Health Wise Woman Curriculum

### *CONTACT INFORMATION*

Valerie Rochester, Project Director  
 Phone: 202-548-4000, ext 150  
 Email: vrochester@blackwomenshealth.org

Angela Ford, Project Manager  
 Phone 202-548-4000, ext. 151  
 Email: afford@blackwomenshealth.org

### *EVALUATION CONTACT INFORMATION*

This case study was prepared by the Work Group for Community Health and Development team (Ithar Hassaballa, Charles E. Sepers, and Jenna Hunter-Skidmore) at the University of Kansas <http://communityhealth.ku.edu>, in collaboration with the Black Women’s Health Imperative, and as part of the evaluation of the BMSF’s Together on Diabetes Program.

Jerry Schultz, Co-Director  
 Work Group for Community Health and Development, University of Kansas  
 Email: jschultz@ku.edu  
 Phone: 785-864-0533

Jenna Hunter-Skidmore, Together on Diabetes Evaluation Coordinator  
 Work Group for Community Health and Development, University of Kansas  
 Email: jmhunter@ku.edu  
 Phone: 785-864-0533