

Background

- The Latino population, compared to other major racial and ethnic populations has the highest rates of obesity, placing them at significant risk for type II diabetes and cardiovascular disease.
- At the Coachella and Oasis clinics, among the primarily Spanish-speaking Latino patients, over a third suffer from uncontrolled diabetes.
- Recent Patient Centered Outcomes Research findings indicate that following recipes developed on the bases on MyPlate, USDA federal nutrition guidelines, positively affects health outcomes.
- Yet Latinos in rural communities have limited access to such programs.
- Where federal programs do exist, food insecurity, limited access to healthy food resources, and little experience incorporating dietary practices create additional barriers.
- These patient face challenges to engagement in disease care management and prevention and cannot easily access basic resources such as healthy foods and nutrition knowledge to prevent obesity and related conditions of type II diabetes

Objectives

- Increase the dissemination of the MyPlate evidence via creation of a cookbook, cooking demonstrations, and social medial platforms.
- Enhance health knowledge and patients' motivation and ability to use and apply this evidence.

Methods

Aim 1: Convene a Steering Council of 12 members, that will guide the project's engagement and dissemination activities.

- Borrego Health (Oasis and Cochella Clinics)
- FIND Food Bank
- Promotoras

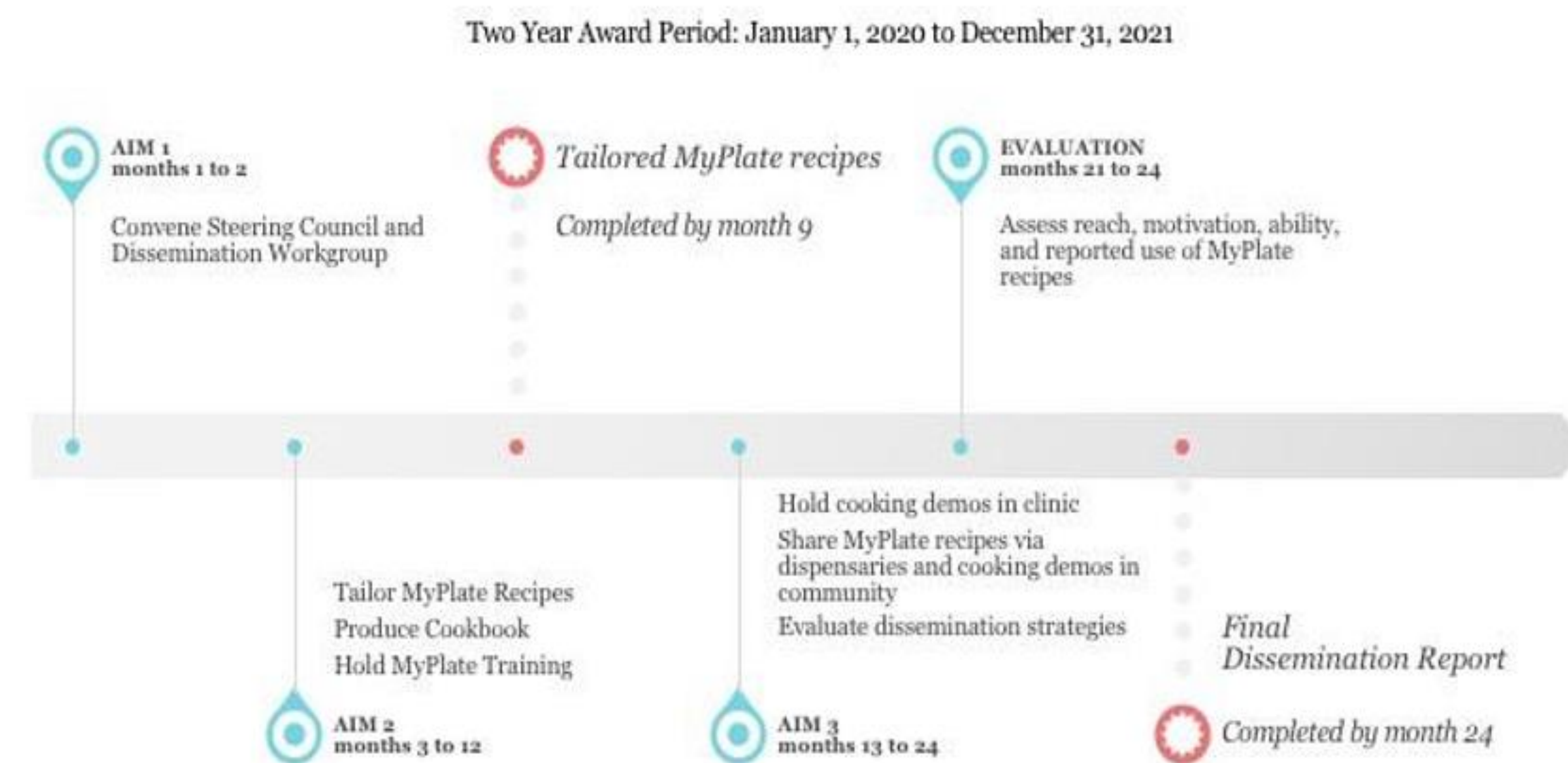
Aim 2: Dissemination Workgroup, charged with tailoring the MyPlate recipes for local food resources, health literacy levels, and Purépecha language.

Aim 3: Dissemination and Evaluation.

- Increase the reach of MyPlate evidence by using various social media platforms
- Increase patients' health knowledge, motivation to use and apply MyPlate evidence through cookbook and cooking demonstrations.



Results



24-item Diabetes Knowledge Questionnaire					
	Yes	No		Yes	No
1. Eating too much sugar and other sweet foods is a cause of diabetes.		X	13. Medication is more important than diet and exercise to control my diabetes.		X
2. The usual cause of diabetes is lack of effective insulin in the body.	X		14. Diabetes often causes poor circulation.	X	
3. Diabetes is caused by failure of the kidneys to keep sugar out of the urine.		X	15. Cuts and abrasions on diabetics heal more slowly.	X	
4. Kidneys produce insulin.		X	16. Diabetics should take extra care when cutting their toenails.	X	
5. In untreated diabetes, the amount of sugar in the blood usually increases.	X		17. A person with diabetes should cleanse a cut with iodine and alcohol.		X
6. If I am diabetic, my children have a higher chance of being diagnosed.	X		18. The way I prepare my food is as important as the food I eat.	X	
7. Diabetes can be cured.		X	19. Diabetes can damage kidneys.	X	
8. A fasting blood sugar level of 210 is too high.	X		20. Diabetes can cause loss of feeling in my hands, fingers, and feet.	X	
9. The best way to check my diabetes is by testing my urine.		X	21. Shaking and sweating are signs of high blood sugar.		X
10. Regular exercise will increase the need for or other diabetes medications.		X	22. Frequent urination and thirst are signs of low blood sugar.		X
11. There are two main types of diabetes: type 1 (insulin-dependent) and type 2 (non-insulin dependent).	X		23. Tight elastic hose or socks are not bad for diabetics.		X
12. An insulin reaction is caused by too much food.		X	24. A diabetic diet consists of special foods.		X

Cooking Demonstration Questionnaire

- How useful were the recipes featured in the cooking demonstration?
 - Very useful
 - Somewhat useful
 - Not useful
- Do you feel motivated to make the recipes you learned about during the cooking demonstration?
 - Yes
 - No
- For the time available during the cooking demonstration(s), was there too much, too little, or just the right amount of information?
 - Too much information
 - Too little information
 - About the right amount of information
- How useful were the cooking demonstrations for encouraging you to eat new vegetables and other plant foods?
 - Very useful
 - Somewhat useful
 - Not useful
- Would you recommend this Program to your family members or friends?
 - Yes, definitely
 - Maybe
 - No
- How did you hear about the cooking demonstration?
 - Social media (Facebook, twitter, Borrego website)
 - Community member
 - Other

Discussion and Conclusion

- MyPlate Dissemination for Latinos in Rural communities is key to addressing the need for: culturally vetted health education, increased access to evidence-based health education, and create a network of community leaders dedicated to addressing the social determinants of health.
- Following USDA federal nutrition guidelines, we have developed a cookbook with recipes that meet patients' language and health literacy needs.
- Expect to distribute 300 copies of the cookbook through cooking demonstrations, foodbank distributions, and provider visits.
- Through the cooking demonstrations we plan to directly engaged 80 to 120 patients and stakeholders, we anticipate anywhere from 40 to 60 will complete the pre-and post-test survey.

Limitations

- COVID-19 prevented in person gatherings, as a result the cooking demonstrations were transitioned to a virtual platform. Limited participation to people with internet access.
- Community engagement projects are a lengthy process, expected timeline of 2 years.
- Participation in the cooking demonstrations is time consuming and can place time constraints, limiting the number of people who can attend each session

Next Steps

- Evaluate dissemination strategies (reach, motivation, and ability to use MyPlate recipes)
- Obtain larger sample size (additional sites, increasing male participation).

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