



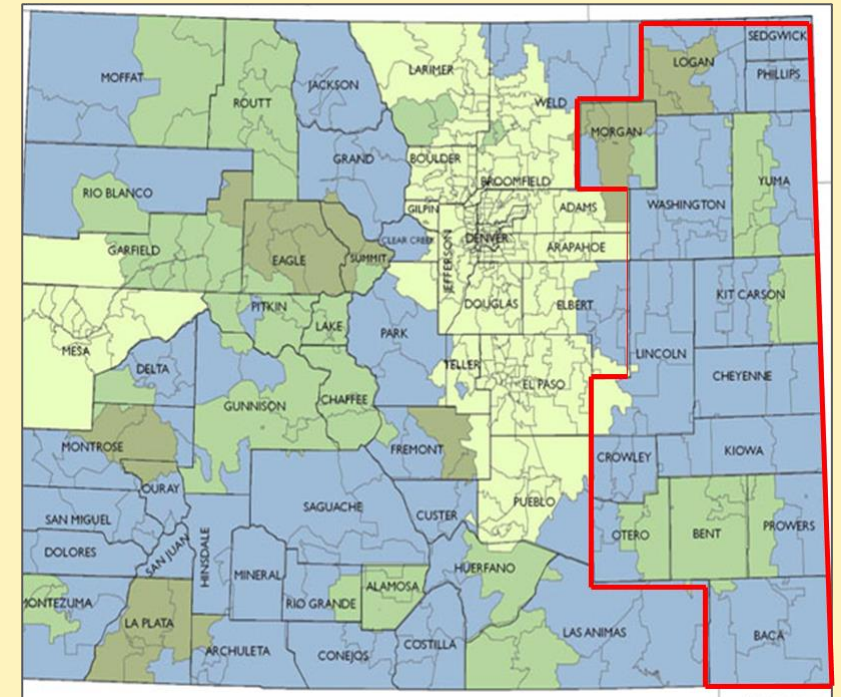
Prevent T2 + Choice

Engaging Community Partners to Adapt a
Prediabetes Intervention in a
Rural Practice Based Research Network

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• Prediabetes and Rural Communities •

- **38%** of US adults have prediabetes.
- Compared to urban regions, rates of prediabetes are **higher in rural** regions, like eastern Colorado.
- **High Plains Research Network (HPRN)** works with primary care practices, community members, and others to conduct studies and projects that inform primary care and public health practice and aim to improve the health of people in rural, eastern Colorado.
- Clinicians and community partners in the HPRN region consistently identify diabetes as a priority health issue.
- We need more resources and options to help people prevent T2 diabetes!



• Prevent T2 + CHOICE •

- People with pre-DM are advised to lose weight, typically through daily caloric restriction (DCR).



- A key predictor of successful weight loss success is adherence to the diet.



- **Adherence to DCR is poor.**

- Allowing dietary options that consider individual needs and preferences could improve adherence.



- But, most lifestyle interventions, including the CDC's well-known Prevent T2 program, do not allow dietary options.



- To optimize dietary adherence, the **PreventT2+Choice** study is developing and testing a remotely-delivered, online intervention that **allows diet choice**.

• What is Prevent T2? •

Based on the well-established CDC PreventT2

- based on a study in 2002 (22 years ago!)
 - 16-week (one class per week)
- Online delivery format (free modules)
- Effective for people with pre-diabetes

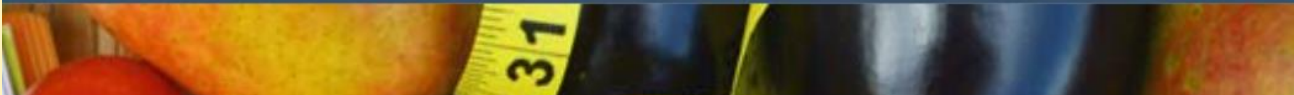


Module 1: Introduction to the Program

Lifestyle Coach Guide

Does not allow for diet choice

- Particularly difficult for rural populations with restricted access and preferred diet choices



Study Goals



- The **Prevent T2+Choice** study is **developing** and **testing the feasibility** of an intervention that allows participants to choose a diet that works for them.
- Engaging community partners to co-design and implement a lifestyle intervention that incorporates personal preferences and is tailored to individuals at high risk for T2D living in rural areas, where access to such interventions is limited.

• Creating “Prevent T2+Choice” for Rural Regions •

This study uses a community-engaged approach to adapt Prevent T2 into “PreventT2+Choice” for rural eastern Colorado

The group came together to:

- Learn about the medical information around prediabetes, evidence related to diabetes prevention interventions, information on different dietary options.
- Based on medical evidence and their lived experience, selected two dietary options to include, along with DCR.
- Identify structure elements and delivery strategies that could impact implementation success.
- Help identify individuals (specific people and types of people) to approach for key informant interviews.

Resulting Adaptations

Community Partners selected:

Dietary Choice to offer, along with Calorie Restricted Diet:

- *Low Carbohydrate*: More feasible option to eliminate than meats (veg. diet)
- *Time-Restricted Eating*: More appealing than eliminating foods

Eliminated:

- *Vegetarian Diet*: Does not fit our culture; hunting and fishing part of the regional lifestyle, does not support local ag
- *Intermittent Fasting*: Not feasible for field workers



• Resulting Adaptations •

Community Partners feedback on Intervention Structure:

Intervention Structure: Create a sense of community

- Start with an in-person Orientation for participants to get acquainted
- Engage local, Registered Dietitians to facilitate classes and offer 1:1 support
- Offer “watch party” at local clinic for participants who prefer to attend online class with others



• Creating “Prevent T2+Choice” for Rural Regions •

Key Informant Interviews:

Iterative process of 1 hour, 2 hour, and 30-minute interviews with:

- Patients
- Clinic leaders (clinicians and diabetic patient care personnel)
- Registered dietitians

on specific, more detailed aspects of curriculum content and structure, with focus on dietary choices.



• Resulting Adaptations •

Community Partners and Key Informant Interviewees



Curriculum Content: Address the local culture and accessibility

- Choose words carefully and simplify the language
- Create handouts of foods and healthy choices that fit into each diet and add more visual aides
- More info on portion sizes, fiber, and high-calorie drinks
- Remove foods in the curriculum that are not accessible (limited availability of fresh produce, quality fish)
- Use content that reflects lifestyle of eastern CO
- Sensitivity to eliminating foods that local farmers/ranchers produce
- Add foods that are common in Hispanic diet
- Obtain menus from local restaurants to facilitate discussion on eating out

Next Steps

- Ongoing partnership and engagement with the Community Partners.
 - Decision making regarding program, interpret results, help disseminate, establish next steps.
- Conduct a 2nd round of interviews to refine the Prevent T2+Choice curriculum
- Pilot test the 16-session Prevent T2+Choice intervention with 24 patients with prediabetes from 3 primary care clinics in the High Plains Research Network (2024)
 - Winter 2023 to review curriculum modifications and discuss data collection
 - Summer 2024 to interpret summary results and discuss dissemination activities.



Thank You

Project Team:

Liz Thomas-project lead, Chloe Simpson, Danielle Ostendorf, Linda Zittleman,
Kristen Curcija, Sadie Fritzler

Community Partners:

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and

Practice leads, RD's, and patient participants

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