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Abstract

Stakeholders sought to reduce the burden of preventable diabetes among adults in Utah via a “Food as Medicine” webinar series. The “Food as Medicine” webinar series sought to increase awareness of and enrollment in public diabetes programs. Evaluation results from the webinar series indicated an increase in awareness of diabetes programs and nutrition information needed to improve personal diabetes management.

Introduction

In Utah, over 180,000 people have been diagnosed with diabetes (Health Indicator Report of Diabetes Prevalence, 2021; QuickFacts Utah, n.d.), and an estimated 38% of adults have prediabetes (National Diabetes Statistics Report Website, 2022). Diabetes can result in serious health complications (Papatheodorou et al., 2016). In 2020, only 12,859 people with diabetes participated in a Diabetes Self-Management Education and Support (DSMES) program (DSMES State Data - Annual Status Report, 2020). Of the estimated 652,000 adults with prediabetes, approximately 1,500 per year complete the National Diabetes Prevention Program (National DPP) (DPRP State-Level Evaluation Report, 2019). In addition to other barriers, the Centers for Disease Control and Prevention has identified low awareness of program availability as a gap to participation. Therefore, one way to reduce the disease burden in our population is to increase awareness of program availability.

Response and Target Audience

The “Food as Medicine” webinars aimed to increase awareness and enrollment in public diabetes programs while providing informative content about beneficial lifestyle changes. Key partners included the Utah Department of Health and Human Services, Utah State University (USU) Extension, University of Utah, the Steering Committee for the Prevention of Diabetes, the Utah Diabetes Coalition, Get Healthy Utah, and several Utah local health departments. The public diabetes programs highlighted the following initiatives; (a) National Diabetes Prevention Program, (b) Diabetes Self-Management Education and Support (DSMES) Toolkit, and (c) Walk with Ease (WWE) program.

Webinars were conducted through Zoom from November 2021 to January 2022; three were delivered in English and one in Spanish. The webinars were promoted through social media to target individuals comfortable with technology. Each webinar provided nutrition and health information, a demonstration of a healthy recipe, and information about public diabetes programs in Utah. The webinar series targeted adult individuals in the state of Utah diagnosed with diabetes or at risk of developing diabetes. These individuals tend to be older, have lower incomes, and come from minority race/ethnicity categories as shown in Table 1.

Table 1: Demographic Data for Individuals with Diabetes in Utah for 2020

Demographic Category	Percent of Total Adult Population^a		
	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>Age</i>			
18-34 years	1%	1%	1%
35-49 years	4%	5%	5%
50-64 years	14%	14%	14%
65+ years	26%	19%	22%
<i>Income Level</i>			
<\$25,000/year			12%
\$25,000-\$49,999			11%
\$50,000-74,999			9%
75,000+			6%
<i>Race</i>			
American Indian/Native Alaskan			14%
Asian			6%
Black			11%
Pacific Islander			17%
White			8%
<i>Ethnicity</i>			
Hispanic			14%
Non-Hispanic			8%

Note. ^aCategories do not sum to 100% because they represent the crude number of Utah adults with diabetes from these different categories (UDOH, n.d.).

Based on the evaluation data, the Food as Medicine webinar series had effective program coverage; 13% of participants had a diagnosis of diabetes, and 21% were diagnosed with prediabetes. Also, 21% of participants were below the poverty level in 2021, and 44% were 65+ years old. However, participation did not include all of the gender and minority populations of interest as shown in Table 2.

Table 2: Sociodemographic Characteristics of Participants

Characteristic	Session 1: Shopping for Health (n=22)	Session 2: Nutrition for Wellness (n=9)	Session 3: Movement as Medicine (n=8)
<i>Has a doctor, nurse, or other health professional ever told you that you had diabetes? N (%)</i>			
Yes	1 (5)	2 (22)	2 (25)
No, but yes to prediabetes or borderline diabetes	4 (18)	3 (33)	1 (13)
No, but high risk	2 (9)	0 (0)	2 (25)
No	15 (68)	4 (44)	3 (38)
<i>What is your age? N (%)</i>			
18-34 years	1 (5)	1 (11)	1 (13)
35-49 years	6 (27)	2 (22)	0 (0)
50-64 years	6 (27)	3 (33)	2 (25)
65+ years	9 (41)	3 (33)	5 (63)
<i>Which of the following best describes your current gender identity? N (%)</i>			
Male	3 (14)	0 (0)	0 (0)
Female	17 (77)	8 (90)	7 (88)
<i>Which one of the following would you say is your race? N (%)</i>			
White	18 (82)	7 (86)	8 (100)
Asian	2 (9)	0 (0)	0 (0)
Prefer not to answer	2 (9)	1 (13)	0 (0)
<i>Are you Hispanic, Latino/a, or Spanish origin?</i>			
Yes	1 (5)	0 (0)	0 (0)
No	19 (85)	7 (88)	8 (100)
Prefer not to answer	2 (9)	1 (13)	0 (0)
<i>What is your total annual household income from all sources? N (%)</i>			
Less than \$10,000 to \$29,999	5 (18)	1 (11)	1 (13)
\$30,000 to \$49,999	3 (14)	0 (0)	0 (0)
\$50,000 to \$89,999	3 (14)	2 (22)	2 (25)
More than \$90,000	6 (27)	3 (33)	1(12)
I don't know	0 (0.0)	0 (0)	0 (0)
Prefer not to answer	6 (27)	3 (33)	4 (50)

Note. % and N may not sum to total respondents because of item non-response. No data is available for participants from the Spanish language session.

Results

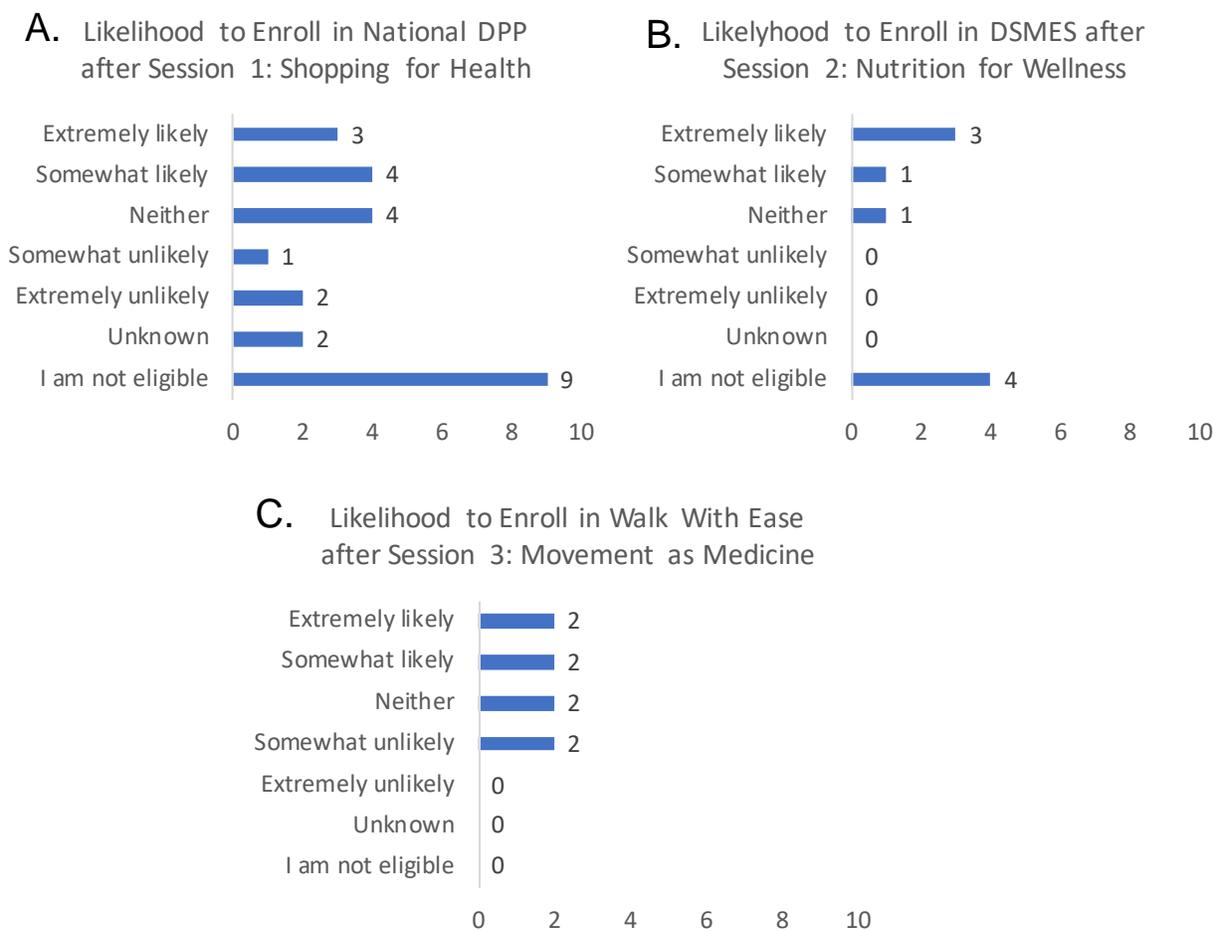
Participation numbers in the Food as Medicine webinar series are shown in Table 3. While live attendance numbers were not as high as anticipated, the combination of recording views and live attendance ranged from 22%-100% of those registered. The evaluation questionnaire used a combination of multiple choice, open-ended, and Likert-type questions to gather data on participants' perceived value and knowledge gained from the program. Descriptive statistics were conducted on quantitative data and thematic analysis was conducted on qualitative data.

Table 3: Participation in Webinars and Survey Responses

Participation Type	Session 1: Shopping for Health	Session 2: Nutrition for Wellness	Session 3: Movement as Medicine	Spanish-Language Session
Registered	223	223	223	20
Community Member Attendees	57	31	26	10
Survey Responses	26 (46%)	10 (32%)	8 (31%)	0
YouTube Views (Feb 24, 2022)	61	28	23	11

From Figure 1, results indicated that participants of the webinars appreciated the information provided about the various public diabetes programs. Approximately 28% of participants were extremely likely or somewhat likely to enroll in the National DPP (Figure 1A); 44% were extremely likely or somewhat likely to enroll in DSMES (Figure 1B), and 50% stated that they were extremely likely or somewhat likely to enroll in WWE (Figure 1C).

Figure 1: Respondents' (n) Likelihood to Enroll in the different Programs



Also, most survey respondents agreed with the statement that the webinars increased their awareness of these programs. These results show that one major objective of these webinars was accomplished by increasing public knowledge about evidence-based diabetes programming. Respondents also reported a positive experience with the virtual structure for these classes (i.e., Zoom), and commented positively on session flow. Over half of the number of respondents indicated they would be extremely likely or somewhat likely to recommend the webinar series to others. Qualitative comments were generally positive with respect to the content of the webinars, the quality of the presenters, recipe demonstrations, and the convenience of attending online. Lastly, most comments regarding something learned were focused on food choices i.e., new recipes, meal planning, eating habits, and specific foods.

Public Value/Next Steps

Overall, the Food as Medicine webinar series provided valuable health information to 124 live participants and 123 viewers of recorded sessions. The total reach of this program was 247 views, an encouraging number despite the possibility that some of these views could be from the same individual. Based on the evaluation, participants were more likely to enroll in the featured programs given their increased awareness of these programs. Notably, participants reported the cooking demonstrations to be the most enjoyable aspect of the webinar, which may lead to the use of new recipes, cooking techniques, or healthy ingredients at home. Survey respondents were very likely to refer this webinar series to others, illustrating that this type of community education class is an acceptable format to educate the general public.

The evaluation results will be used to inform future health-based webinar interventions in the state of Utah. Mainly, the use of virtual platforms, the inclusion of cooking demonstrations, and publicly shared recordings appear to be productive engagement tools. However, these webinars did not engage underrepresented gender and ethnic minority populations so more will be done to facilitate engagement with these groups. Examples may include working with stakeholders from minority coalitions and communities to be part of our planning and advisory teams, increasing outreach through existing partnerships with organizations serving these communities, and adding new sessions similar to the Spanish language session for other populations.

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