

Section 3: Training and Technical Assistance



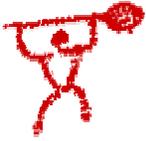
Lesson Learned:
Preparation phase is critical when planning the training.

Significance

In order for the training to be meaningful, the curriculum must be flexible enough to accommodate the cultural diversity and various needs of the communities. This preparation phase is necessary to provide the time and technical assistance to identify or assess the level of diabetes awareness, the community's capacity in planning programs, and anticipated training needs of the community (linguistic, transportation, training site, local speakers, local resources, and appropriate local participants). It also provides ample time to assess some of the technical limitations in rural areas, such as: intermittent electricity and limitations in audio/visual equipment.

PDTRC Example

- One result from the preparation phase in Maui, Hawai'i was adapting the training schedules to accommodate the work schedules of the community participants. With the advice of the local trainers, the PDT training was expanded to three phases instead of the usual two phases of training.
- During the on-site preparation meeting in CNMI, local trainers were able to identify the local health professionals to participate in providing sections of the training sessions, such as "What is Diabetes", the "Burden of Diabetes in the CNMI", and obtain the local health data and statistics related to diabetes, specific to their jurisdiction.



Lesson Learned:

Incorporation of local concepts and language is important especially when working in culturally diverse communities.

Significance

Comprehension of concepts will vary with the locality and at times certain foreign concepts may not be appropriate (using examples of snowstorms, or freeways and traffic jams). Participants are more receptive to examples, case studies, and graphics as they reflect the everyday experiences of life in the Pacific Islands.

Several distinct languages and dialects are spoken throughout the Pacific region and English may not be the primary language. Therefore, the linguistic needs of the community must be determined during the training preparation phase. Simple words and enlarged print are preferred for populations where English is not the primary language.

PDTRC Example

- Canoe voyaging is a common experience of all Pacific Islanders. The *Pacific Diabetes Today* curriculum uses the analogy of a canoe voyage on how to plan a diabetes project.
- The entire guidebook was translated into Chuukese and Marshallese, as a result of the feedback from training participants. These guidebooks were used to provide training in the rural communities of the outer islands where English is not readily understood. In other cases, relevant sections of the guidebook, such as the definitions of words and lesson summaries, were translated during the training
- The guidebook included personal stories of a Hawaiian elder diagnosed and currently living with diabetes and a historical account of how people lived in the 1800s to show how life has changed.



Chuuk Pacific Diabetes Today training, in Weno, Chuuk State, FSM (2002).



Lesson Learned: Go directly to the community to provide the training.

Significance

While “train-the-trainer” is a widely used training methodology, feedback from our Pacific Advisory Council members and from early community discussion groups indicated a different training strategy – a “train-the-community” model that takes training directly to the community. This model takes the training directly on-site, supports local leaders in organizing and delivering the training, and does not depend on an individual’s ability to transfer skills and information learned in a workshop. By providing the training in the community, local preferences are accommodated with face-to-face interactions and hands-on demonstrations.

This community training method provides the opportunities for community members to share stories, work in small groups, and practice new skills during the training.

Culturally, the community training method is ideal since Pacific Islanders are group-oriented. This method also results in a group of people (instead of one individual) having the training and knowledge, thereby increasing the chances that information will be shared.

PDTRC Example

- Using a community training model allowed us to identify co-facilitators from the community to assist with planning and implementing the PDT curriculum. Over the course of this program, a cadre of 45 trainers were developed that have the capacity to provide training in Hawaii and the Pacific region.



Pacific Diabetes Today participants. Koror, Palau, (2000).



Lesson Learned: Identify local community “champions.”

Significance

A “champion” is a person in the community who assumes a leadership role and promotes and encourages action to other community members. In many communities, champions are traditional or political leaders, health professionals, and leaders of social and civic groups. In a family and group-oriented society as the Pacific Islands, a champion is the driving force that maintains group cohesion and motivates the community to participate in diabetes programs. Involvement from such a leader elevates the community group’s status and helps sustain momentum in group activities.



Simeni and Sharon Liu from American Samoa, past president of the American Samoa Diabetes Association, 2000.

PDTRC Example

These are the people, who for many reasons took the leadership role in PDT training and community organizing.

American Samoa: **Simeni Liu, Sharon Liu & Elaine Filiaga**

Commonwealth of the Northern Mariana Islands: **Lyn Tenorio**

Federated States of Micronesia – Chuuk: **Shinobu Poll & Kiki Stinnett**

Federated States of Micronesia – Kosrae: **Maheta Kilafwasru & Dr. Vita Skilling**

Federated States of Micronesia – Pohnpei: **Walberg Hadly & Dr. Ginger Immaculada Gonzaga**

Federated States of Micronesia – Yap: **Charles Chieng & Terry Thinom**

Guam: **Carl Butler, Winnie Butler, Melen Ruiz & Gil Suguitan**

Republic of Palau: **Augusta Rengiil & Julie Tellei**

Republic of the Marshall Islands: **Julia Alfred, Begonia Alik & Johannes Seremai**

Hawai‘i – Kaua‘i: **Faye Newfield, Cora Pascual & Pua Kaliko**

Hawai‘i – Moloka‘i: **William “Billy” Akutagawa & Judy Mikami**

Hawai‘i – Maui: **Tasha Kama, Pauahi Lozano & Napualani Spock**

Hawai‘i – O‘ahu: **Didi Alo, Moana Allen, U‘ilani Chow & Michelle Ka’aihue**

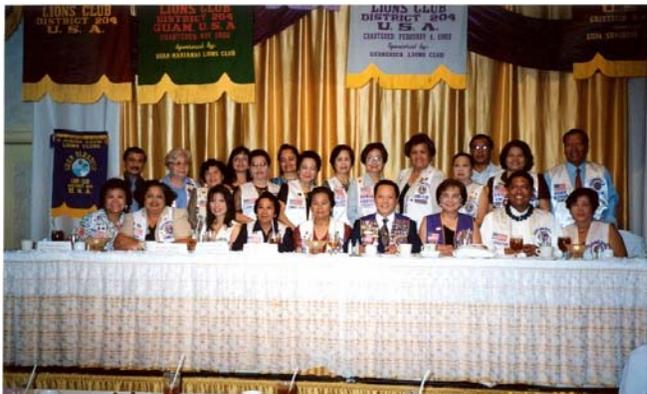


Lesson Learned:

Identify a community “host agency” to provide infrastructure and administrative support.

Significance

Many newly formed community groups may not always have the administrative infrastructure, staff, and resources to manage programs. The support of a pre-existing agency (infrastructure) can provide the necessary support for planning and program start-up. Furthermore, working with the host agency is part of the learning process for the community group because it provides an opportunity to learn more about organizational management.



The Agat Guam Lions Club, 2003.

PDTRC Example

The following agencies provided critical roles. Were it not for some of these agencies, the community groups might not have been able to accept funds, convene meetings, and do effective diabetes outreach.

American Samoa: **American Samoa Diabetes Association & LBJ Hospital**

Commonwealth of the Northern Mariana Islands: **CNMI Department of Public Health**

Federated States of Micronesia (FSM) – Chuuk: **Chuuk Women’s Council**

FSM – Kosrae: **Kosrae State Hospital**

FSM – Pohnpei: **Micronesia Seminar**

FSM – Yap: **Yap Community Action Program & Baanngal Health Organization**

Guam: **Guam Diabetes Association & Guamerica Lions Club**

Republic of Palau: **Palau Resource Institute & Ministry of Health**

Republic of the Marshall Islands: **RMI Ministry of Health**

Hawai‘i – Kaua‘i: **Kaua‘i Department of Health & Ho‘ola Lahui Hawai‘i**

Hawai‘i – Moloka‘i: **Moloka‘i Diabetes Task Force & Na Pu‘uwai**

Hawai‘i – Maui: **Hui No Ke Ola Pono**

Hawai‘i – O‘ahu: **Ke Ola Mamo**



Lesson Learned:

To sustain the community momentum, provide Technical Assistance (TA) and resources in all phases.

Significance

It is important to maintain contact with the communities during and after the training, since the learning process is on-going. Technical assistance can be used to support the implementation and evaluation of activities proposed during the planning process.

Resources are scarce in the Pacific and financial assistance as part of technical assistance for planning and implementing programs contributes to a greater chance of sustainability for the community groups.

PDTRC has learned that not everything happens before and during the training. For instance, groups need resources and information as issues arise and programs evolve. One of the main concerns of the Pacific communities that participated in the PDT training was the ability to continue programs even after the ending of the PDTRC funds. Training and TA provides the skills necessary to ensure sustainability.

PDTRC Example

- Between 2001 and 2003, PDTRC awarded mini-grants to support post-training activities related to diabetes. All groups trained were provided seed money to implement activities as proposed by their respective community groups.
- Through technical assistance, PDTRC staff encouraged and assisted groups in seeking external funds to support program activity costs. Some groups were successful in institutionalizing their programs within their government or getting grants and donations to support their activities.
- Requests for technical assistance ranged from: additional training for community groups and for trainers, assistance with marketing activities, seeking program funds, information and data and often, collegial support.