



• P A C I F I C •
D I A B E T E S
• T O D A Y •

SITE COORDINATOR'S MANUAL

KEYS TO SUCCESS



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INTRODUCTION

This manual is designed to help you (the Site Coordinator) during:

- Training preparation.
- *Pacific Diabetes Today* training.
- Next Steps (after training).

You will see these abbreviations used in this manual:

- **PDTRC** = Pacific Diabetes Today Resource Center
- **PDT** = Pacific Diabetes Today

This manual and the PDT Guidebook (Trainer Version) provide instructions and guidelines for all the three areas of PDT listed above. However, the information in this Manual is not meant to give you all the answers you need for a successful training. This Manual asks the questions that you must answer in order to make the training effective and appropriate. Modify the ideas, concepts, and suggestions in this manual and the PDT Guidebook to meet your community's needs.

Make the most of this manual by:

- Going through it together with your co-facilitators.
- Using it in conjunction with the PDT Guidebook (Trainer Version). And the resource materials in the Site Coordinator's Toolkit.
- Adapting the strategies in this manual to meet your community's needs.
- Contacting PDTRC if you have any questions or concerns.



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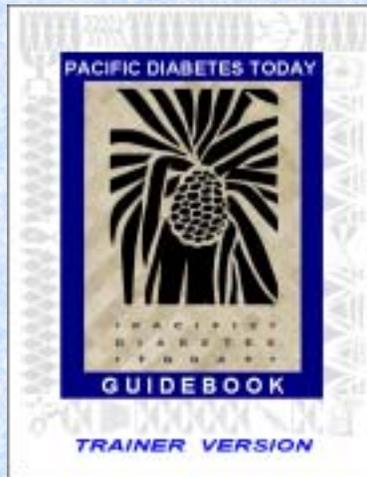
TRAINING PREPARATION

You will need 1–2 months to prepare for the *Pacific Diabetes Today* training in the community. Involve site staff and several representatives of the community in training preparation (see page 3). The purpose of the training preparation is to:

- Provide the Site Coordinator, site staff, and community representatives with an overview of the training course;
- Design the training to meet the specific needs of the group to be trained; and
- Develop a *Pacific Diabetes Today* training plan for the community.

Before you begin training preparation, be sure to complete these steps:

- Review the *Pacific Diabetes Today* Guidebook.
- Set up a communication schedule with PDTRC.
- Review PDT training roles and responsibilities (page 44).



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Once you have completed the steps above, prepare for the training by working closely with your staff, community members, and PDTRC to answer the questions in the following pages.

Who is going to help you with preparation and training?



CO-FACILITATORS

Co-Facilitators play an important role by supporting the PDTRC trainer and the Site Coordinator. It is an opportunity for community members to learn training skills that may be used elsewhere. The roles and responsibilities of the co-facilitators are listed on page 45. Keep those points in mind as you select 3-4 Co-Facilitators that you will work with to prepare for and conduct the *Pacific Diabetes Today* training.

When considering Co-Facilitators, keep in mind that they will need to spend time to work with the PDTRC trainer before and after the *Pacific Diabetes Today* training.

Include these people as co-facilitators.

- A staff member;
- A community member (preferably, someone with diabetes);
- A traditional leader. (In the Pacific, they often command great respect and influence);
- A health professional (Health educator, Nurse, Nutritionist, etc.).

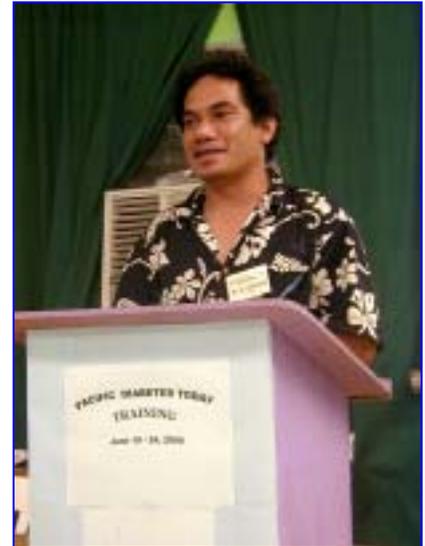


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Provide a list of co-facilitators to PDTRC (page 42).

COMMUNITY RESOURCE PERSONS

Be sensitive to key community leaders that may be essential to the success of the program but may not be able to attend all of the training. Develop methods to keep key people involved even if they are not able to attend all the sessions. People who cannot attend the workshop but are interested in supporting the group's efforts may serve as resource persons:



Guest presenters:

- People who can do a diabetes presentation (review the presentation materials with PDTRC at least 2 weeks before the training date): health professionals and/or someone with diabetes. Refer to page 22 for the diabetes presentation options.
- People who can do cultural presentations: storytellers, drama/theater groups.
- Traditional healers.
- Local celebrities.



Representatives from other organizations and agencies (possible collaborative agencies):

- Diabetes Control Program (DCP) Coordinators.
- Traditional leaders (chief, *Matai* – Samoa, *Kupuna* – Hawaiian elder, etc.).
- Leaders in the local, regional, or national government.
- Business owners.
- Media (TV, radio, and newspaper) representatives.

Work with PDTRC to determine resource persons' roles.

Who are you going to invite to the Pacific Diabetes Today training?



COMMUNITY GROUP MEMBERS

The community group should consist of 20 to 25 people who are interested in making a long-term commitment to diabetes prevention and control in their community. A majority of the community group members should be from the specific community that you have identified as a priority.

In many small, rural communities, groups like these may already exist to address community health concerns. Some of these groups may be willing to address diabetes prevention and control if it meets their mission and purpose.

Each member must be available to attend all sessions of the *Pacific Diabetes Today* training. Refer to page 5 for people who cannot attend all sessions.

Invite as many of these people as possible.

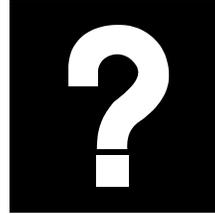
- People who have diabetes.
- People who have a family member with diabetes or care for a person with diabetes.
- Influential community members such as: women's group leaders; elected officials; civic group leaders; church leaders; business owners; clan or village elders.
- People who have experience with community-based programs.
- Health-care professionals who work with people with diabetes.



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Provide a list of participants to PDTRC (page 42).

How are you going to invite people to the training?



Find a way to promote the *Pacific Diabetes Today* training and to invite community people. The materials in the Site Coordinator's Toolkit should help you and your co-facilitators with this task.

- Use the *National Diabetes Education Program (NDEP): A Diabetes Community Partnership Guide* to help you in identifying potential participants and partners; writing invitation letters; engaging communities; planning meetings; etc.
- The Site Coordinator's Toolkit includes a floppy diskette with a sample flyer (Microsoft Word®) and a sample pamphlet (.pdf file) for Pacific Diabetes Today workshop announcement. Use these samples as templates to create your own flyer or pamphlet. If you need help modifying the file, contact PDTRC. Send invitations 2-3 weeks before the training date.

Consider whether you need to create a name for the group that you are inviting or should allow the group to come up with their own name.

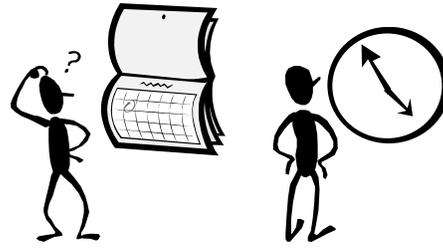


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Examples of group names:

- Koror Diabetes Task Force
- Hāna Diabetes Planning Committee
- Chuuk Diabetes Coalition
- Hui Ho'oholo Mimiko (*Group that addresses diabetes – Hawaiian*)

What is the training schedule going to be?



The schedule needs to be coordinated with PDTRC. Set the training dates at least one month ahead of time. It is recommended that the training be held in two phases:

Phase 1: Set aside at least 10 hours for training (plus an additional 10 hours for co-facilitators).

Phase 2: Set aside at least 20 hours for training (plus an additional 10 hours for co-facilitators).

The two Phases of training should be at least one month apart.

See pages 19-23 for recommended time requirements for each part of the *Pacific Diabetes Today* training.

➡ Which Modules may require the most time?

You and your co-facilitators know the community best. Determine which parts of the PDT Guidebook are appropriate for the community group.

Sample 3-day Schedule of Phase 1 Training (21 May)	Sample 5-day Schedule of Phase 2 Training (25 June)
<p>Day 1 (Wednesday, May 21): Meeting with site team (Site Coordinator and Co-Facilitators) – 6 hours</p> <p>Day 2 (Thursday, May 22): Training – 6 hours</p> <p>Day 3 (Friday, May 23): Training – 4 hours Meeting with team – 4 hours</p>	<p>Day 1 (Monday, June 25): Meeting with site team – 6 hours</p> <p>Day 2 (Tuesday, June 26): Training – 6 hours</p> <p>Day 3 (Wednesday, June 27): Training – 6 hours</p> <p>Day 4 (Thursday, June 28): Training – 6 hours</p> <p>Day 5 (Friday, June 29): Training – 4 hours Meeting with site team – 4 hours</p>

You can choose to combine Phase 1 and 2 into one workshop; however, the group may not have a chance to complete the community assessment.

Scheduling tips:

- Schedule training days no earlier than 9:00 AM. People in many Pacific Jurisdictions prefer to spend the early mornings doing activities with the family or leisure activities.
- Consider evening sessions. In Pohnpei, evening sessions were held to accommodate people who could not take time off from work.
- Keep the workshops days to less than 7 hours. Remember that people begin getting tired after about 6 hours of any type of workshop.
- Schedule around major community events such as: holidays, funerals, weddings, etc.



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Provide a schedule to PDTRC (page 38).

Where is the training going to be?



Location is often a very important factor in deciding whether to attend a workshop. With that in mind, choose a location that best meets the needs of the *Pacific Diabetes Today* training.



The training site should be at or near the community that you have selected to receive the training. Find out what locations are used for these types of workshops. Choose a location that is convenient for people. Consider how the participants will get there?

If you are not familiar with the location, visit it in person to answer these questions:

- Can the facilities accommodate at least 25 people?
- Is the room comfortable (not too hot and not too cold)?
- Can it accommodate parking for at least 25 people?
- Can it accommodate small group (4 groups of 5) sessions?
- Is there enough room for overheads and flipcharts?
- Does it have electrical outlets?



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What resources do you need for training?



➤ Food and refreshments:

- In the Pacific, food is often a symbol or gesture of giving and sharing – it is an essential part of community and social events.
- Remember that this is a workshop to address diabetes in the community. The food that is provided should reflect that concern. In other words, serve food that is healthy and reflects the traditional diet of the community. Examples: taro (karo), breadfruit, yam, sweet potato, and fresh fruits and vegetables. The meals can serve as an educational facet of the training.

➤ Recognition:

- How are you going to recognize the efforts of the participants?

➤ TV and VCR.

➤ Overhead projectors:

- Be sure that you have an overhead projector and at least one replacement bulb.

➤ Flip charts (and easel) or newsprint.

➤ Transportation for community members.

These items are provided by PDTRC:

- Pacific Diabetes Today Guidebooks.
- Transparencies.
- Pens and Markers.
- Certificates of completion.

***What information/
data do you need
to get before the
training?***



What community resources are available for people with diabetes?

- Programs and services.
- People.
- Publications.
- Agencies/Organizations.

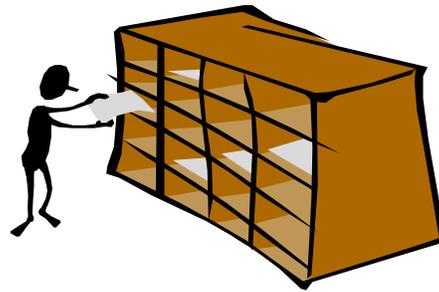
Provide a list of community resources to PDTRC (page 39).

What is the burden of diabetes in the community?

- Prevalence of diabetes.
- Mortality (death) due to diabetes.
- Morbidity (illness, complications, or disability) due to diabetes.
- Rates of diabetes risk factors in the community.
- Cost of diabetes.

Provide a list of diabetes data to PDTRC (page 40).

How do you get the information/data you need?



There are different methods for collecting community data. It is good to start with the community's views on diabetes*; the prevalence, risks, and complications of diabetes; and costs to the community. While some of the materials may not be data specific to your community, they can provide national guidelines and ideas that may be relevant to your community.

Things to remember when collecting information:

- Involve community members in the process of collecting the information.
- Inform the community about what your organization is doing or plans to do and why.
- Share the information that you gather and let people discuss and give more information about the problems/needs.



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Interviews, questionnaires, and community-meetings:

- Get information from community members and key informants through questionnaires, group meetings/discussions*, or telephone interviews, and one-to-one discussions.
- Find out what the community members consider to be diabetes concerns, problems, and needs.
- Find out what they consider to be the solutions to the problems identified.

** PDTRC can provide you with the Community Assessment Guide; a tool that can help you to gather community views and ideas in discussion groups (focus groups).*

Review studies, records, and reports:

Find out who has information about diabetes in the community. Begin with data sources that already exist. Much of the information needed to determine the prevalence, high-risk groups, cost, morbidity, and mortality, of diabetes may be available from data sources such as:

- Department of Health Data: Morbidity, mortality, prevalence, and screening utilization data.
- Department of Health Programs: Diabetes Control Programs, Nutrition Programs, and Non-communicable Disease Programs.
- Hospital and Clinics: Prevalence data, physician reports, medical records, and diabetes registries.
- Community Health Centers and Village Dispensaries: Patient utilization, medical records, community surveys, and community health assessments.
- Local Health Programs and Non-Profit Agencies: Community health assessments, service provider lists.

PACIFIC DIABETES TODAY TRAINING

This section is designed to help you carry out the *Pacific Diabetes Today* training at your site. Included in this section are step-by-step instructions and suggestions for conducting each session of the *Pacific Diabetes Today* training (pages 18-25). General suggestions and instructions for conducting the training are found on pages 30-36. The questions and issues in this section must be addressed prior to the beginning of training.

Make sure that you have completed these steps at least one week before the training date:

- Submitted the completed site training plan to PDTRC.
- Finalized the detailed training schedule.
- Determined roles and responsibilities for all partners and resource persons.
- Determined the method of training for each part of the training.
- Secured all resources needed for training.
- Confirmed participants and guest speakers.
- Confirmed reservation of training location.



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How are you going to create an open environment for learning and sharing?



People in some Pacific Jurisdictions do not share personal information or feelings of their disease, including diabetes. Your challenge is to create an environment in which people feel safe and comfortable about sharing their thoughts and feelings.

Several methods have been successful in the Pacific in getting people to share their stories about diabetes.



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1. Use local facilitators and presenters.
2. Emphasize at the beginning that personal information shared during the workshop is not to be circulated outside of the workshop. Tell the participants that, “what is said in here, stays in here.”
3. Have someone (already identified) who is willing to share a personal story about diabetes to begin the sharing session.
4. Make the participants feel at ease – let them know that the workshops are informal.
5. Incorporate several activities that allow participants to get to know each other, feel at ease, talk informally, etc. (ice-breakers). These activities can be used at the beginning of the workshop, beginning of each day, when there is tension in the group, when people seem tired, etc. See page 20 for an example of an introduction activity.

How are you going to teach *Pacific Diabetes Today*?



What are the general techniques that will be effective in conducting *Pacific Diabetes Today* training? Example of presentation methods and techniques are found in Attachment A (page 30). Specific instructions for each part of the training are covered in pages 18-25 as well as in the notes of the PDT Guidebook. Below are some general questions for you to consider as you prepare for the *Pacific Diabetes Today* training.

- What additional materials would be beneficial for the participants? Review the materials (pamphlets/brochures) in the Site Coordinator's Toolkit and select about 5 that would be most useful for the participants. Identify other local materials that would be a valuable resource during the training and notify PDTRC.
- What cultural tradition or practice could the training follow? (Begin sessions with a prayer or song? Begin sessions in the afternoons?) In many communities, a prayer before meetings and meals is essential.
- How will you deal with the status of, cultural issues with, and protocols for men and women in the community? Are the issues of men and women in your community important enough to address?
- What will be the most effective seating arrangements for the workshop?
- How will you deal with the language issue? Will you need materials translated?
- Are you going to incorporate video presentations in the training?
- Which Modules may require the most time? You and your co-facilitators know the community best. Determine which parts of the PDT Guidebook are appropriate for the community group.
- How much does your community group know about diabetes?

- Is an overhead projector or flipchart more appropriate for training in your community?
- How will you incorporate story telling and analogies in the training? See Attachment B (page 33) for suggestions on using stories, analogies, and allegories.
- How will you cover the topics in the PDT Guidebook? What approaches will you take to ensure a sufficient mix of discussion, lecture, examples, and exercises? See Attachment A (page 30) for examples of presentation methods and techniques.
- What training techniques work well with the community group? (Small group discussions? Structured, classroom style?)

Below are examples of training strategies proposed by the site team (Site Coordinator and Co-Facilitators).



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- Resource table to include posters, pamphlets, guidebooks, etc.
- There should be 3-4 small groups depending on the size of the training. Each small group should have a good mix of community people, health professionals, and community leaders.
- Small group facilitators: Co-Facilitators and Site Coordinator will lead small group sessions for the exercises in the Modules.
- The group leaders will then present the exercise to the entire group. However, as time goes by, the participants themselves can be asked to present the exercises.
- Incorporate physical activity sessions and healthy cooking demonstrations.
- Enlist the help of participants for various roles (greetings, meals, small group leaders, etc.).
- Much of the first Phase should be dedicated to participants getting to know each other, feeling at ease with each other, and forming a bond, even if it means pushing some of the sessions into the next Phase. No amount of content, training, planning, etc. will mean anything if the groups does not make a connection.
- In order to generate more discussion and avoid excessive lecture, the team decided that much of the content could be delivered/communicated through “plants” in the audience. In other words, the team members, seated with the participants, will cover the PDT Guidebook contents by raising questions, offering suggestions/feedback, prompting discussions, etc.
- Prayer to begin each day.
- Since Pacific Islanders and Native Hawaiians are not comfortable talking about themselves (or is not the cultural norm), it was decided that during the personal introductions, participants pair up, share, and then present what they have learned about the partner.

Registration

The registration table should be set up at least 1 hour before the start time. At least two people should staff the registration table.

Have these items ready at the registration table:

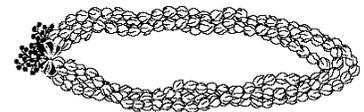
- Nametags.
- Sign in sheets.
- Registration and Photo release forms.
- Schedule or agenda.
- Pacific Diabetes Today bags with these items inside:
 - PDT Guidebook.
 - Pen & Notepad.
 - Water Bottle.

Follow these steps for each participant as they arrive.

1. Greet the participant.
2. Ask the participant to sign in (daily).
3. Ask the participant to fill in the registration form.
4. Ask the participant to fill in the photo release form after explaining.
5. Give the participant a nametag, schedule, and PDT bag.

Determine how you will welcome participants to the workshop:

- ➔ Use local customs or practices to welcome participants to the workshop.



Welcome & Orientation (60 MINUTES)

Opening:

Decide who is going to open the workshop (see page 13). Here are some suggestions:

- You: the Site Coordinator.
- A co-facilitator.
- A guest presenter.
- Other community leader.

This person should welcome participants; acknowledge community leaders and guest speakers; introduce himself or herself; and the facilitators, including the Site Coordinator, co-facilitators, and PDTRC staff.

Logistics:

Explain procedures for parking, restrooms, refreshments, breaks, lunch, etc.

Suggested ground rules, group norms or expectations:

Present to the group, a list of ground rules that everyone agrees to. Write these ground rules on a flipchart and display in the room. Here are some suggested ground rules:

- Everyone's opinions and thoughts are respected.
- Everyone participates in the activities.
- Everyone gets an equal chance to speak.
- Listen when someone is talking.
- Personal information shared here are not discussed elsewhere.
- Have fun!

As you review these ground rules with the group, ask if they want to add any others.

Personal introductions:

Have everyone in the room introduce himself or herself. Ask them to share their personal experience with or connection to diabetes and what they hope to get out of the workshop. Alternatively, you can do an activity (example below) that will allow participants to share with and learn about each other.

Reminder:

Identify someone who is willing to share a personal story about diabetes. Have this person go first in the introductions. (See page 15, KEYS TO SUCCESS)

Introduction Activity (Example)

- Ask the participants to pair up with a person that they have not met and introduce themselves.
- Explain that they have about 5 minutes to talk.
- Explain that at the end of the activity, each person will introduce the other person to the group.
- As the participants are introducing each other, a facilitator can write the name of the person being introduced on a flipchart.
- After each introduction, ask the presenter for one word that describes the person being introduced. Write that word on the flipchart. Then ask the person that was introduced for one word that describes him/her self. Write that word on the flipchart.
- At the end of the activity, tape all the flipchart sheets on the walls.



Overview & Introduction (60 MINUTES)

PDTRC will work with you to determine ways to present the first part of the introduction: *Pacific Islanders: Who We Are.*

PACIFIC ISLANDERS - WHO WE ARE:



We are Pacific Islanders. Our homeland is Mōrōāniā – the islands and the ocean seas that surround them. We are referred to as Polynesians and Micronesians. We are Carolinians, Chamorro, Chuukese, Hawaiians, Kosraean, Marshallese, Palauans, Tokelauan, Samoan, and Yapese. We are a highly diverse population with diverse historical backgrounds, cultural traditions, and over 20 living traditional languages.



PACIFIC ISLANDERS - WHO WE ARE

COURSE OVERVIEW & INTRODUCTION



What is the purpose of Pacific Diabetes Today training?

Pacific Diabetes Today (PDT) training is designed to provide community members with the knowledge and skills to plan and carry out a community-based diabetes program. PDT will help these community members to form a group to address the community's concerns about diabetes, its problems, and solutions.

For whom is the Pacific Diabetes Today training?

Pacific Diabetes Today is for community members (community leaders, health professionals, educators, business leaders, people with diabetes, and people with family members with diabetes) who want to form a group to do something about diabetes in their community.



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The course overview will be covered by PDTRC staff.

Diabetes in the Pacific (3 HOURS)

This part of the workshop should be presented by a local Doctor, CDE (Certified Diabetes Educator), or Nurse that you have selected.

Determine which of the diabetes education/awareness materials in the Site Coordinator's Toolkit will be provided to the participants. Select about 5 of the pamphlets/brochures that will be most relevant for the participants.

This part of the Guidebook will have Notes for you utilize. The Notes on the right side of the page provide hints, reminders, and instructions for you and others trainers. It also provides space for you to write your own notes and reminders. The Notes column in the participant's version of the PDT Guidebook is left blank for them to write their notes.

WHAT IS DIABETES?

Most of the food we eat is turned into **glucose** (sugar) for our bodies to use for energy. Our body makes **insulin** that helps glucose get into our body cells.

When you have **diabetes**, your body either cannot make enough insulin or cannot use its own insulin very well.

When glucose cannot get into the body cells, it builds up in the blood. Over time, high amounts of sugar in the blood can affect almost every part of your body and cause serious health problems.

NOTES

120 minutes

Begin this section by asking the participants to write down any questions they have about diabetes on a sheet of paper. Collect these questions. As you go through this section, be sure that you cover each question.

A basic explanation of diabetes is provided for the participants in this section.

How you cover the information in this section is up to you, however, be sure that you cover at least the basic information provided in this section. Determine whether the information needs to be covered in greater detail.

Some sites invite a physician or certified diabetes educator as a guest presenter to cover this section.

For further information on diabetes education, refer to the materials in the Site Coordinator's Toolkit, consult with your local diabetes experts, or contact PDTRC.

DIABETES IN THE PACIFIC

Modules 1-4 (5 HOURS EACH)

Modules 1-4 of the Guidebook will have Notes for you utilize. The Notes on the right side of the page provide time requirements, hints, reminders, and instructions for you and others trainers. It also provides space for you to write your own notes and reminders. The Notes column in the participant's version of the PDT Guidebook is left blank for them to write their notes.

3

Describing your Community

"What is our community like?"

The description of your community will provide relevant background information to your project. There are many different ways to describe a community:

- By geography: as a city, a section of a city, a county, a health district, the outreach area of a hospital or clinic, a village, an island, or a defined geographic area.
- By population density: rural or urban.
- By size of area: in miles or acres.
- By social and economic characteristics: age group (youth, elderly, etc.), gender, ethnicity (Carolinian, Hawaiian, Micronesian, etc), underserved, or uninsured.
- By availability of modern conveniences: electricity, transportation, television, or computers.
- As a group of individuals who share the same values, culture, or religious beliefs.

NOTES

60 minutes

Start this section by asking the participants to define "community."

Discuss the different ways to describe a community.

Briefly, go over the ways to describe a community.

Ask participants for other ways to describe their community.

Show **Example 1.1** (page 61) on overhead. Explain that this is an example of what a community profile might look like. Discuss briefly.

Assign **Exercise 1.1** (page 62) to small groups.

- Allow 15 minutes for the exercise.
- Allow 15 minutes for the presentation.

MODULE 1

47

Transparencies for all Overhead, Example, and Exercise pages are included in the Trainer's Version of the PDT Guidebook.

Training Interim **This only applies if you have decided to deliver the training in two Phases.*

Between Phase 1 and 2 (at least one month apart), the community group completes a community assessment based on concepts discussed and practiced in Module 1. Further guidelines for the training interim are given at the end of Phase 1. The group and the site coordinator will determine work assignments. Essentially, the group will work with the site coordinator to complete assigned tasks.

The rationale for the training interim period (i.e. the division of PDT training into two Phases) is two fold:

- 1) Completing the training in a single Phase can be a little overwhelming for participants;
- 2) In order to move on to Module 2 and identify appropriate planning steps, the group must complete the community assessment – during the interim – putting into practice the concepts learned and exercises practiced in Module 1.

If the training is done in 2 Phases, help the community group during the interim to:



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- Complete the community assessment.
- Formalize and solidify the coalition.
- Build partnerships.
- Gather community opinions.
- Gather diabetes data.
- Identify diabetes problems in the community.
- Continue meeting on a regular basis.

This break in the training also allows the group to better understand and practice the Pacific Diabetes Today model (community mobilization and planning model); gives the group members a chance to work together; and gives them time to complete the community assessment before proceeding to planning steps.

Evaluation:

To increase chances of success and for continual improvement, it is important that we evaluate the Pacific Diabetes Today training process. These evaluation methods and tools will be shared with you and your team (Co-Facilitators) in detail during PDTRC's on-site training preparation meeting. Below are just few ways that PDTRC evaluates the training sessions.

- Evaluation questionnaires administered to participants after each phase of PDT training seek their feedback on training logistics, training content, training methods, and presenter skills.
- Diabetes knowledge questionnaires administered to participants after phase 1 of training measures their ability to answer basic diabetes related questions using the PDT Guidebook.
- Debriefing with the Site Coordinator and Co-Facilitator after each day of training seeks immediate feedback on the day's events in order to make necessary adjustments.
- Post-training evaluation administered to the Site Coordinator and Co-Facilitators after phase 2 of training seeks general feedback about the Pacific Diabetes Today process, including the application process, training preparation, the training, and the PDT Guidebook.

NEXT STEPS

The training of the community group is only a small part of your involvement with the group. After the training is completed, your role shifts from one as trainer to one as support and contact person for PDTRC.

This section is designed to help you support the group's efforts after the *Pacific Diabetes Today* training. The community group will need support in the following areas after the training:

- Continuing to meet on a regular basis.
- Developing, strengthening, and maintaining their group or coalition.
- Completing their program plan.
- Marketing (promoting) their program.
- Carrying out (implementing) their program.
- Sustaining their program.

After completing the Pacific Diabetes Today training in your community, you and your team may also want to assist other communities (smaller communities) by conducting a Pacific Diabetes Today training for them.

PDTRC can provide you with the PDT Guidebooks as well as technical assistance for that purpose. If you are considering conducting other PDT trainings in different communities, and need assistance, please feel free to contact PDTRC (see page 28).

How are you going to support the community group after the training?



- Schedule regular meetings with the community group.
- Identify the group's needs.
- Offer on-going/supplemental training.
- Help identify and secure resources.
- Help identify and secure funding.
- Assist with infrastructure and organizational needs (printing, e-mail, fax, copying, communication, meeting space, etc.).
- Identify some barriers that the group may face.
- Keep PDTRC up-to-date on the group's needs, barriers, and progress.
- Keep up-to-date on local resources, funding opportunities, and events.

Keep up-to-date with PDTRC news (regional resources, funding opportunities, events, etc.) found in our:

- Newsletter
- Technical Assistance (TA) Bulletin
- Website: www.pdtrc.org



**KEYS TO
SUCCESS**

How are you going to get help after the training?



➔ Access PDTRC Technical Assistance:

PDTRC:

- Website: www.pdtrc.org
- e-mail: naitaoto@hotmail.com
- Phone: (808) 597-6555
- Fax: (808) 597-6552

➔ Establish a conference call schedule with PDTRC.

➔ Contact your local Diabetes Control Program (DCP).

➔ Refer to the resource listings in the PDT Guidebook.

ATTACHMENTS

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EXAMPLES OF PRESENTATION METHODS

Pacific Diabetes Today training allows people to participate fully in their own learning and decision-making. This means that the training will be a two-way process. Participants should be encouraged to be involved in many talk story sessions in which they teach and learn. They should have an opportunity to share their knowledge with others in the group and gain knowledge from others in the group. The next several pages describe some of the ways the lessons may be presented.

DISCUSSION

Introduce each topic by talking story. Have an open talking and sharing session about the topic. This should help you to get a better feel of the participants' knowledge of the topic. Avoid using overheads or flip charts during the open discussions. Get a sense of how best to approach the topic. Do not bring up specific points. Ask general questions such as, "what does a 'goal' mean to you?" to generate discussion.



EXAMPLE

Present one or more examples as instructed in the Notes (page 24). The examples reinforce the concepts and support the exercise to follow.



EXERCISE

Assign exercises to small groups as instructed in the Trainer's Notes. These small group work (breakout) sessions give the participants a chance to practice concepts learned. It also allows you to find out how much they are learning about each topic. Each small group is lead by a co-facilitator.



PARTICIPANT PRESENTATION

A co-facilitator or group member should present the small group work to the entire group. The first few presentations can be done by a co-facilitator, but towards the end of the workshop, the group members should be doing these presentations.



LECTURE

Lecture based on discussion and assessment of participant knowledge. During the lecture, direct the participants to the PDT Guide Book. Use the overhead and flipcharts as instructed in the Notes (page 24).



OTHER

Think of other ways to present information in the Pacific Diabetes Today Guidebook. Will a video be useful or relevant for the community? If so, which video? Is role-play an effective means of teaching in your community? See pages 16-17 for other ideas.

Using stories, analogies, and allegories to make the training more effective.

As you can see from the PDT Guidebook, stories are an integral part of the training process in *Pacific Diabetes Today*. Analogies and allegories allow you to describe abstract ideas by comparing it to real, everyday, and tangible things or events. Some stories and analogies are already incorporated into the Guidebook. Others (such as the following two) are made available to use or adapt as you see fit. Utilizing these tools as well as stories and analogies of your own will make the training more appropriate, effective, and fun.



A Story of Two Islands

A long time ago, there was a man who traveled the Pacific in search of meaning. He traveled from island to island. One day, he stumbled upon a village. In the center of the village was a large table overflowing with food.



As he looked at the people around the table, he could see that they were sad.

He wondered why these people were so sad when there was so much food at the table. He soon learned that the people on this island had a unique disability – they could not bend their arms at the elbow. They tried and tried, but they could not feed themselves.



This story can be used to clarify or emphasize the ideas in Module 1 (Pacific Diabetes Today Guidebook, page 45 & 48).
This story shows the power of teamwork. It teaches that people are the most important resource in any community. No matter how much material goods a community may have, it is useless if people don't work together.
You can make this story more effective by acting it out with your co-facilitators. For example: act out the scene where people cannot bend their arms and are trying to eat.

Feeling sad, the wanderer moved on to the next island. On that island, he also found a village with people gathered around a table. This table did not have much food – only a few pieces of fruit.



But, this time, the people were happy. The wanderer assumed that the people on this island must not have the same disability as the people on the other island. As he took a closer look, he saw that the people here also could not bend their arms.



“Why are these people so happy?” the wanderer thought to himself. What he saw next amazed him. This time, the people were able to eat the food. How? The people were feeding each other.

Even though people on this island had much less than the people on the other island, they were happy because they worked together. The wanderer realized that although there may not be many resources in the community, the community can achieve a lot if they make the most of human resources. **People are a community’s greatest assets.**



Before you tell the participants how the people on this island were able to eat the food, ask the participants how they would go about eating food if they couldn’t bend their arms.

Once again, act out the scene where people are able to eat the food because they are feeding one another. You may want to use snacks as visual aids when you act out the scene.



The Magic Stones



One day a wanderer, hungry and tired after traveling for days, came upon a small village. He went from house to house asking if they had anything eat. No one had much food to offer him.



One of the families said,
“We only have a little rice, but nothing else. We are very poor.”



Another family said,
“We have a few chickens but we have no karo (taro), breadfruit, sweet potatoes, or bananas.”

The stranger decided to call the village together. He said if someone could provide him with a large pot and a fire, he could make a feast for the village using only water and his magic stones.

One of the families offered the pot and another offered the firewood.

As the water started to boil, he threw his magic stones in the pot and said,

“This is going to be one great stew! And there will be enough to feed the entire village. It’s already starting to smell good. Too bad we don’t have a little salt and pepper – it would make the stew so much better.”



This story can be used to clarify or emphasize the ideas in Module 1 (Pacific Diabetes Today Guidebook, pages 45 & 48).

This story illustrates the importance of community involvement. The story points out that even with a limited amount of resources, the community can achieve great things if they come together.

You can make this story more effective by acting it out with your co-facilitators. For example: the co-facilitators can play the part of the families who add their food to the pot.

Someone from the crowd shouted,
“We have some salt and pepper at home. We’ll add it to the pot.”



After the salt and pepper had been added, the stranger smelled the stew again and said,
“It’s too bad we don’t have a little onion and garlic. This stew would taste even better.”

Someone else from the crowd yelled,
“Onions and garlic are the only things we have at home – it does us no good without other foods, so we’ll add ours to the pot.”



Soon, people started to bring pork, chicken, taro, and other vegetables and spices to add to the pot.



In the end, there was enough stew to feed the entire village. It was the best meal the village ever had.

After the great feast, the stranger said,
“Thank you all for the meal. I must be on my way but there is just one thing that I have to say before I leave. The stones are not magical. The magic is in you. The magic comes out when we decide to work together to achieve a common goal. Even with limited resources, we can do great things if we cooperate.”

Another way of ending this story is to leave out the last part by the stranger.



Instead, ask the participants what they think the point of the story is. Ask the participants how the village was able to have a feast even when no family had much to offer.

NOTE: A copy of this Training Plan is available as a Microsoft Word® file.
It is included in the floppy disk in your Site Coordinator's Toolkit.

Training Plan

Return with **ATTACHMENTS** to PDRTC by:

By Mail:



PDTRC
894 Queen Street
Honolulu HI 96813

By Fax:



(808) 597-6552

By e-mail:



audreyyoung23@yahoo.com

Training site agency: _____

Name of Site Coordinator: _____

Training site location: _____

Training Preparation Meeting Date _____

Phase 1 training Date _____

Phase 2 training Date _____

ATTACHMENTS (check completed attachments):



- Training schedule
- Community resources
- Diabetes Data
- Customizing the training
- Participant and co-facilitator list
- Activities completed since contract notification

TRAINING SCHEDULE:

(See page 7 for a sample schedule)

Schedule of Phase 1 Training <ul style="list-style-type: none"> • <i>Recommended number of hours for training: 10</i> • <i>Recommended number of additional hours for site staff: 6 before training & 4 after training</i> 	Schedule of Phase 2 Training <ul style="list-style-type: none"> • <i>Recommended number of hours for training: 20</i> • <i>Recommended number of additional hours for site staff: 6 before training & 4 after training</i>

COMMUNITY RESOURCES:

➤ **Programs and services:**

➤ **People:**

➤ **Publications:**

➤ **Agencies/Organizations:**

DIABETES DATA:

Prevalence Data	Source
Morbidity (Complications) Data	Source
Mortality Data	Source
Risk Factor Data	Source
Data on the Cost of Diabetes in the community	Source

CUSTOMIZING THE TRAINING:

- ➡ What cultural tradition or practice should the training follow? (Begin sessions with a prayer or song? Begin sessions in the afternoon? Hold sessions during the weekends?)

- ➡ What training techniques work well with the community group? (Small group discussions? Structured, classroom style?)

- ➡ Which Modules may require the most time?

- ➡ Which materials in the Site Coordinator's Toolkit would be most useful for the participants? (Select up to 5)

- ➡ How else can we customize or adapt the training?

PARTICIPANT AND CO-FACILITATOR LIST:

See pages 5 & 6 of the Site Coordinator’s Manual for help in selecting participants.

See page 3 of the Site Coordinator’s Manual for help in selecting co-facilitators.

	Name of participant	Reason for selecting the participant
1		
2		
3		
4		
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8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	Name of co-facilitator	Reason for selecting the co-facilitator
21		
22		
23		
24		
25		

ACTIVITIES COMPLETED SINCE CONTRACT NOTIFICATION:

Describe the activities completed by your organization, with co-facilitators, and with potential group members. (An example is provided)

Date:	Activity:
<i>Example:</i> May 02	<i>Example:</i> Met with co-facilitators to review the participant list. Decided to invite 4 others to make the group more diverse.

OVERVIEW OF MODULES 1-4

Module 1: Assessing your Community

- Describe your community;
- Identify ways to involve the community in the community assessment;
- Identify community strengths, resources, and assets;
- Identify community weaknesses, limitations, and constraints;
- Describe the burden of diabetes in your community.

Module 2: Planning your Diabetes Program

- Identify diabetes problems in your community;
- Prioritize diabetes problems in your community;
- Complete a problem statement;
- Develop a program goal;
- Develop program objectives;
- Develop activities for each objective.

Module 3: Monitoring & Evaluating your Diabetes Program

- Determine current information related to the program activities and objectives;
- Determine indicators (measures) of success for the program activities and objectives;
- Determine how to get the information needed to measure success for each activity and objective.

Module 4: Implementing your Diabetes Program

- Identify resource needs for your program;
- Develop a program budget;
- Develop a program schedule;
- Develop a responsibility sheet;
- Identify ways of gaining community acceptance, support, and participation;
- Complete a NEXT STEPS worksheet.

TRAINING ROLES & RESPONSIBILITIES

- *Indicates responsibilities after the training*

Pacific Diabetes Today Resource Center (PDTRC) and staff

- Coordinate and staff the *Pacific Diabetes Today* workshops.
- Supply the *Pacific Diabetes Today* Guidebooks.
- Complete the Training Preparation with the sub-contractor.
- Provide technical assistance during the training preparation phase.
- Provide on-going follow-up and technical assistance (TA) to sub-contractor and community group.

Coordinating Community Agency (Sub-contractor)

- Coordinate all logistics for completion of the *Pacific Diabetes Today* workshops.
- Oversee the budget and spending for the training.
- Select a Site Training Coordinator to coordinate all contract requirements.
- Establish a Diabetes Today training plan for the community using the Preplanning module to customize the training to meet the needs of the group to be trained.
- Submit completed deliverables per the contract scope of services within the training plan timeline.
- Provide PDTRC with notes (minutes) of the training sessions.
- Complete review, feedback and evaluation reports on the *Pacific Diabetes Today* training and other materials.

Site Coordinator

- Organize the *Pacific Diabetes Today* co-facilitators, guest presenters, and participants.
- Ensure that the contract scope of services is met.
- Maintain regular contact with PDTRC staff and community group members.
- Document activities and provide reports to PDTRC staff.
- Help the group to complete and implement their program plan.

Co-facilitators

- Work with the site coordinator to complete the training plan.
- Assist trainer(s) with the *Pacific Diabetes Today* training.
- Commit to learning facilitation skills to staff on-going meetings of the community planning group.
- Continue to support the site coordinator and the community group in their efforts.

Community group members (Participants)

- Attend the entire Pacific Diabetes Today training.
- Make a commitment to meet regularly as an on-going community coalition.
- Complete the program plan.
- Carry out the program plan.



The **Pacific Diabetes Today** workshop provides training to people interested in starting a diabetes program in [the name of your community].

[Site Coordinator's name]
[The name of your organization]

Phone: _____
Fax: _____
e-mail: _____



WHO SHOULD ATTEND THIS WORKSHOP?
> Health professionals;
> People with diabetes;
> People who have family members with diabetes;
> Community members/leaders;

Workshop is on [DATE]

To find out more about the Pacific Diabetes Today Workshop, call the office above.

Why come to the Pacific Diabetes Today workshop?

- ⇒ Diabetes is a serious problem in [the name of your community].
- ⇒ Diabetes is one of the leading causes of death in [the name of your community].
- ⇒ Up to _____% of people in [the name of your island] have diabetes.

- What is expected of the Workshop participants?**
- Attend all Pacific Diabetes Today training sessions;
 - Work as a group to plan and carry out a diabetes program.



Diabetes is a serious and costly problem in Hawai'i – especially in Maui. Below are some basic facts about diabetes in Hawai'i and Maui.

- Nearly 100,000 people in Hawai'i have diabetes. About half of those people do not know that they have diabetes.
- Nearly 300,000 people in Hawai'i are at risk for diabetes because of the risk factors of age, obesity, and sedentary lifestyle.
- The direct (medical) and indirect (loss of productivity and premature death) cost of diabetes in Hawai'i is about \$600 million per year.
- Native Hawaiians account for 35% of all diabetes cases in Hawai'i.
- 4.2% of Maui residents have diagnosed diabetes (they have been told by a physician).
- 47% of Maui residents (62% of Native Hawaiians) are obese. (Obesity is a major risk factor for diabetes)
- 45% of Maui residents do not participate in regular physical activity. (Sedentary lifestyle is a major risk factor for diabetes)

The good news is that diabetes and diabetes complications are preventable.

**Come and join us.
Together, we can make a difference!**

For more information, contact:

Napuwalei Spock
Community Health Coordinator
Hui No Ke Ola Pono
249-9787



Maui's Native Hawaiian Health Care Organization

"An Association to Strengthen and Perpetuate Life"

Pacific Diabetes Today in Maui



HUI
NO
KE
OLA
PONO



• P A C I F I C •
D I A B E T E S
• T O D A Y •



CDC
SAFER • HEALTHIER • PEOPLE

Hui No Ke Ola Pono and the **Pacific Diabetes Today Resource Center** are sponsoring a series of diabetes program planning sessions for interested community members, people with diabetes, people with family members with diabetes, health professionals, and other agency representatives.



We are looking for individuals who are willing to form a coalition and make a long-term commitment to address the diabetes problem in Maui.

The purpose of the program planning sessions is to join forces, as individuals and agencies, to address diabetes in Maui. Together, we can make a difference in the lives of people living with diabetes and prevent our ohana from getting diabetes.

The Pacific Diabetes Today planning sessions are very hands-on and participatory. These sessions provide a forum in which you can collaborate with others to develop a diabetes project for the people of Maui.

These planning sessions pull together the expertise of health professionals, community leaders, the resources of various organizations and agencies, and the much needed input and insight of community members (including people with diabetes).

During the Pacific Diabetes Today sessions, participants will:

- Learn about diabetes and the burden of diabetes in Maui.
- Complete a community assessment.
- Plan a community diabetes project.
- Develop evaluation indicators.
- Prepare implementation steps.

Where?	When?
Career Center Wailuku, Maui	July 20 th : 6 pm – 9 pm July 21 st : 9 am – 4 pm August 3 rd : 6 pm – 9 pm August 4 th : 9 am – 4 pm August 10 th : 6 pm – 9 pm August 11 th : 9 am – 4 pm

Scheduled to present on July 20th and 21st:

- Bula Logan: Native Hawaiian Healing Practitioner
- Karen Robins: Certified Diabetes Educator
- Sam Ka'ai: Native Hawaiian Cultural Expert
- Steven Moore, MD: Nephrologist

Simply Healthy Caffe will be serving one, well balanced, and healthy foods during the sessions.



Simply Healthy Caffe
Logo

REGISTRATION FORM

Pacific Diabetes Today

Training



Last Name:	
First Name:	
Title:	
Organization:	
Mailing Address:	
City, State, Zip:	
Daytime Phone:	
Fax:	
E-Mail:	
How much do you know about diabetes and its complications?	<input type="checkbox"/> No knowledge <input type="checkbox"/> Some knowledge <input type="checkbox"/> Much knowledge
What question do you have about diabetes?	
How experienced are you in community program planning?	<input type="checkbox"/> No experience <input type="checkbox"/> Some experience <input type="checkbox"/> Much experience
What do you hope to learn from the <i>Pacific Diabetes Today</i> workshop?	
Please indicate any special needs you may have:	

To Be Completed by Facilitator(s) After Training

Facilitator(s) Name(s):	
Training Location/Dates:	
Participant Completed Course?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Papa Ola Lökahi
Pacific Diabetes Today Resource Center
 www.pdtrc.org

894 Queen Street
 Honolulu, HI 96813

Telephone (808) 597-6555
 Facsimile (808) 597-6552

PHOTOGRAPH CONSENT FORM

We would like your permission to use your photograph in publications and presentations for the *Pacific Diabetes Today Resource Center*.

By signing this form, I give Pacific Diabetes Today Resource Center permission to use any photographs taken of me while participating in Pacific Diabetes Today Resource Center activities. This would include using the photographs for educational purposes, in scholarly presentations and publications.

I understand that the photographs will be used with or without my name. I understand that pictures will be used only for activities relating to Pacific Diabetes Today and that I may withdraw my consent at anytime. I understand that if I have any questions or problems I may contact Ms. Audrey Young, Project Manager at (808) 597-6555 in Hawaii or by email at audreyyoung23@yahoo.com.

Print Name

Signature

Date

For all participants

Any person with concerns or complaints about *Pacific Diabetes Today Resource Center* activities may contact Papa Ola Lokahi Board of Directors, 894 Queen Street, Honolulu, Hawaii 96813. Phone: (808) 597-6550.

Pacific Diabetes Today Training SIGN IN SHEET



* P A C I F I C *
D I A B E T E S
* T O D A Y *

Training Site: _____

Date: _____

Name (Please Print) (Last name, First name)	Signature	
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Pacific Diabetes Today Training SIGN IN SHEET



* P A C I F I C *
D I A B E T E S
* T O D A Y *

Training Site: _____

Date: _____

Name (Please Print) (Last name, First name)	Signature	
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***Pacific Diabetes Today* logo: PANDANUS**

Throughout the Pacific, the beautiful and majestic Pandanus grows profusely near the seashore, in-land, and on mountain peaks. Believed to be a most useful tree, the Pandanus was selected to be the logo for the Pacific Diabetes Today Resource Center.

The Pandanus tree has noticeable aerial roots that grow towards the ground to support the heavy leaf clusters. For people involved in Pacific Diabetes Today, that support is significant in their efforts to address the heavy burden of diabetes in the new century.

Although the leaves of the tree appear to be broken, they actually bend in the center and droop at right angles, suggesting long and pointed fingers reaching toward the earth. Together, the roots and the leaves symbolize support, flexibility, and resilience – all necessary ingredients in dealing with diabetes.

The female tree bears fruit that resembles a pineapple. This fruit is made up of many smooth, cone-shaped, orange-colored segments called keys. These keys are fitted together with precision and symbolize the cross section of Pacific Islanders.

Wood from the male tree can take on a beautiful high polish when fashioned into calabashes. Sections of the wood of the female tree can be used as water pipes.

Tips of the Pandanus roots and leaf buds are known to be high in Vitamin B1. By distilling the oil from the sweet-scented bracts of the male flowers, a stimulant and headache remedy and a fragrant perfume can be produced. These represent the ingenuity, diversity, and versatility of Pacific Island communities.

Lining the Pandanus leaves are thorns. These thorns are reminders of the difficulties that we face in addressing diabetes. It is in the removal of the thorns that the leaves are made soft and adaptable for weaving – once again, reminding us of the importance of unity and cooperation.

This weaving process includes preparation, assessment, and planning – very much like the Pacific Diabetes Today process. The finished product is one of indigenous simplicity based on a wide variety of cultural practices that values relationships and rapport.

