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Food for Life/Comida para la Vida: Creating a Food Festival to Raise Diabetes Awareness

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Abstract

African and Latino Americans have higher rates of diabetes and its complications than White Americans. Identifying people with undiagnosed diabetes and helping them obtain care can help to prevent complications and mortality. To kick off a screening initiative, our community-academic partnership created the “Food for Life Festival,” or “Festival Comida para la Vida.” This article will describe the community’s perspective on the Festival, which was designed to screen residents, and demonstrate that eating healthy can be fun, tasty, and affordable in a community-centered, culturally consonant setting. More than 1,000 residents attended the event; 382 adults were screened for diabetes, and 181 scored as high risk. Fifteen restaurants distributed free samples of healthy versions of their popular dishes. Community residents, restaurateurs, and clinicians commented that the event transformed many of their preconceived ideas about healthy foods and patient care.

Keywords

Community health partnerships; health promotion; diabetes mellitus; vulnerable populations; nutrition; health occupations; biological sciences

RATIONALE FOR THE FESTIVAL

African and Latino Americans have higher rates of diabetes and its complications, including death, than Whites.^{1–3} Modifying diet and increasing physical activity can help prevent and control diabetes.⁴ However, people of color tend to be more overweight, and exercise less than Whites.⁵ We need to find more effective ways to identify people at risk for and with diabetes, facilitate their receipt of healthcare and promote healthy living in the communities most impacted by diabetes and its consequences.

East Harlem, a predominantly African American (50%) and Latino (40%) community, has among the highest diabetes prevalence, and the highest diabetes mortality rate in New York City.^{6–8} In response, the East Harlem Diabetes Center for Excellence formed in 1998. This Coalition of local health care providers, community members and leaders, and researchers works to examine and improve care for local residents with diabetes.^{9–11}

In late spring 2004, the U.S. Department of Health and Human Services began a Diabetes Detection Initiative to screen individuals for diabetes in 10 high-risk communities, including

East Harlem, and to bring those at risk into the medical care system. This paper describes from a community perspective how the Coalition developed an event to meet the goal of this initiative. The Coalition wanted this event to transform the thinking of three target groups—to teach community residents that eating healthy is important and enjoyable, to give clinicians a view of community life, and to show restaurants how to cook healthier foods, and that consumers are interested in healthier options.

DEVELOPING THE IDEA

The coalition's director of outreach identified 10 diverse community members who were interested in health and asked them to come together and develop a creative screening event. Members represented a food pantry, multiservice agency, senior center, faith-based institution, neighborhood health center, local business, local community board, grass roots organizations, and a community health coalition. They were familiar and frustrated with the poor performance of previous diabetes screening programs, considering them meaningless because traditionally screeners do not educate and motivate residents to address health risks the screenings uncover.

Ultimately, the group focused on encouraging people to think differently about eating healthier foods. They presented their idea to the Coalition, who agreed to organize the "Food for Life Festival," or "Festival Comida para la Vida." In addition to screening for diabetes and obesity, the Coalition wanted to show residents that some traditional foods could be healthy yet still tasty, easy to prepare, and affordable. To that end, the event would also provide information on healthy eating, diabetes, and diabetes prevention.

PLANNING THE FESTIVAL

The Planning Committee included local health centers, restaurants, community-based organizations, and the city and state departments of health. Based on extensive knowledge of their community's challenges related to healthy eating and diabetes detection, the Planning Committee designed the food festival to be festive, interactive, community centered and culturally consonant. They decided to showcase healthy versions of ethnically familiar and traditional dishes and promote a joyful and inclusive atmosphere. Participants would receive free samples of these dishes and a recipe booklet.

Initially, some coalition members were skeptical of whether the community would accept healthier versions of favorite foods. They also had reservations about using the Diabetes Detection Initiative's materials to screen for diabetes risk. With Federal permission, they revised the design and wording of the flyer to use language and images that reflected the neighborhood (See Appendix).

The Coalition organized several committees; each was led by a community partner. The Logistics Committee chose a site centrally located in East Harlem outside a local multiservice agency who agreed to allow participants to use their facilities. They picked a weekday evening because they felt people are busy on summer weekends, and because the festival could follow a farmer's market at that location.

The Restaurant Committee gave 15 diverse local restaurants \$1,000 each to prepare samples for at least 500 people. The dishes had to be lower in fat, calories, and salt, and the ingredients had to be affordable and readily available in East Harlem. Local nutritionists analyzed each recipe and worked with chefs to improve dishes' nutritional profile as necessary. The Cookbook Committee compiled the recipes into a booklet that included nutrition and cost information and healthy tips for eating out, and translated the booklet into Spanish.

The Procurement Committee contacted companies who donated bottles of water, diet soda, and reduced calorie snacks, and exercise aides such as hula hoops and jump ropes. They also recruited a local radio station and disc jockey to provide free music and entertainment.

The Publicity Committee arranged to have the block closed off for the festival. They sent out invitations to community leaders and politicians, and designed and distributed flyers and signs.

The Evaluation Committee developed a form for screening participants to fill out. The form included age but not ethnicity, as the committee assumed nearly all participants would be African American or Latino, and did not think asking about race would inform as much as it could offend. The Festival was approved by the local Institutional Review Board. Finally, volunteers were recruited from East Harlem-based community organizations, health centers, and schools to help at the event.

IMPLEMENTING THE FESTIVAL

The Festival was held on a Thursday evening in July 2004. The first large tent included a nutrition area where individuals could find out their body mass index (BMI) and get nutrition information, a teen corner where pediatricians educated youth about nutrition and health, and diabetes risk screening for attendees over 20 years of age. Volunteers welcomed festival-goers and gave them a Spanish or English diabetes risk test (Appendix), helping attendees to fill out the risk test to avoid confusion. Those who scored 10 or more on the risk test were referred to experienced volunteers who obtained consent and contact information, and performed a finger-stick glucose and, using a nomogram programmed on palm pilots, calculated each person's diabetes risk.¹²

All individuals who took the risk test spoke with a volunteer physician about their diabetes risk, any need for further testing, healthy preventive behaviors, and then received a Latin dance/exercise CD. Participants with high glucose levels were referred to clinicians (Table 1). All local hospitals and health centers agreed to see anyone from the festival with elevated glucose, regardless of insurance status, and we followed up to make sure they received care. Those who visited the nutrition corner also received the food festival cookbook.

The second tent featured tables with signage for each restaurant. To receive the food, attendees had to present their completed risk test (Figure 1). Volunteer nutritionists paired with restaurant personnel to serve and explain how dishes were healthy. After serving the food, the server crossed out the restaurant number on the handout to control the distribution of the food. Participants kept their risk tests.

Next to the tent, the DJ and dance motivators encouraged people to dance. Others taught safe, effective ways to use hula hoops and dyna-bands, conducted cooking demonstrations, and provided information on health insurance, citizenship, food stamps, and voter registration.

RESULTS

Although our most optimistic prediction was for 400 attendees, more than 1,000 East Harlem adults and children, and 100 volunteers attended the festival, based on tallies by trained community volunteers. Of the festival attendees, 382 adults completed the risk test, 181 (47%) of whom scored as high risk for diabetes. Of these high-risk individuals, 141 (78%) received finger-stick glucose testing. Individuals who were tested had a mean age of 49 years and 25% were male (Table 2). They had a mean BMI of 30 kg/m², and a mean fingerstick glucose of 117 mg/dL (range, 70–395 mg/dL). Using the nomogram,¹² 63% fell

into the lower risk category, 13% had high risk of diabetes but knew they had it, and 24%, unaware of their high risk, were referred for further testing (Figure 1). Ten participants had fasted at least 8 hours before testing (Table 2). They had a mean blood glucose of 104 mg/dL, which is in the range for prediabetes. Five had blood glucoses in the diabetes range: one >125 mg/dL fasting and four >200 mg/dL nonfasting. Physicians determined none needed urgent care. Physicians contacted all participants who were at medium or high risk by phone within 1 week to followup. Additionally, 42% of the 60 children and adolescents who were screened were overweight and received counseling onsite and referrals.

PERCEPTIONS OF FESTIVAL PARTICIPANTS

To evaluate the event, coalition members and volunteers asked participants what they thought of the festival, and we surveyed participating restaurants and the coalition discussed the comments and gave their own perceptions at a debriefing meeting. Community members who planned and executed the event expressed positive views. “We’re glad that we got to do something to show the community that we care about them. We want to give them ways to care for themselves.” Members also thought that planning this event brought the coalition closer together. “This was such a big project ... everyone rolled up their sleeves and pitched in. This was a labor of love.” “Most of us hadn’t worked together before. The Festival set a tone of caring and partnership for all the things we have done since.” Members also shared the comments they got from participants.

Community Residents

During the event, some residents commented that they were more open to testing in the festive, relaxed environment than in a clinical setting. One person told a physician: “I don’t trust the doctors at my clinic, but if you tell me my glucose is high, I’ll believe it.” “Sometimes people are afraid to get tested, afraid of what they’ll find, and they won’t know what to do about it. Here it’s not as scary.” People felt more relaxed in their neighborhood, and those with an abnormal test result liked being given an understanding of why, and how to take next steps. Many people were willing to get on the scale and were shocked at their BMI; they had not realized they were that overweight. Some commented that they felt more interested and engaged because the screening was in their community, and they were impressed by how much these clinicians cared. “Doctors took their time to talk to us, and they talked to us in our own language,” said one participant.

Restaurant Owners

Overall, the restaurants were positive about the event. In addition to the \$1,000 to cover expenses, the restaurants received free advertising. Six weeks after the event, 14 of the 15 restaurants filled out an evaluation. Most reported they were “a lot” satisfied with the festival ($n = 12$), that it resulted in more business ($n = 11$), and made them think more about how to make their dishes healthier ($n = 11$). Half added healthy dishes to their menus, eight said they would like more nutrition help, and all were interested in more events. They also welcomed this financially risk-free opportunity to directly observe people’s reactions to healthier foods. Before the festival, some restaurant owners commented, “I’ve never thought about whether the things we make are healthy,” or “What I make sells so why change?” Afterward, they were surprised that people liked the healthier foods and that they were not more expensive to prepare. Restaurateurs also liked appealing to a new clientele and contributing to health.

Clinicians

Because the participants were more open to talk about issues, the clinicians saw them not just as patients but also as people who truly care and want to learn about health. One

clinician commented, “I’m shocked that patients would trust what we tell them out here in the community, but they don’t trust what we tell them in our clinic.” Others said they felt a part of the community and more committed and responsible to the population. A seasoned clinician said, “This was the best day of work I’ve ever had.”

DISCUSSION

The Food for Life Festival showed that this type of activity can galvanize clinicians, community members and academics to work together to understand barriers to healthy eating and devise simple, engaging events to address them in a high risk community. Bringing together well-respected community leaders with an understanding that their ideas would be seriously pursued led to development of a novel screening and educational event that was unusually well attended and well-received. Informal feedback suggested that all three groups of participants—residents, restaurateurs, and health professionals—responded positively to the event. The festival also gave clinicians and residents an opportunity to discuss health issues in a more relaxed atmosphere and a new perspective; both groups saw that the other cared about participants’ health. Restaurants saw that people respond well to healthier foods.

The Festival was successful in identifying and educating residents at risk for diabetes. The public health professionals who design and promote use of forms like the diabetes risk test watched people struggle with the two-sided form, and saw them weave through a user-friendly, but still rather complex, screening process, thereby gaining important insight into the challenges of conducting meaningful health screening and education initiatives. In the festive atmosphere, people tried new things and there was a focus on the positive—eating healthy can be about taste and pleasure, not about deprivation and fighting temptation. The coalition found that creating a successful event of that magnitude brought them closer together as a group, and gave them the confidence that they could do even more to improve health in the community. Since that time, the coalition and its partners have done more in diabetes prevention, started a 1% or less milk campaign in neighborhood stores, conducted a second food availability study, and received a REACH 2010 grant to create more programs to reduce diabetes and its consequences in the community.

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Figure 1.
Diabetes Testing of Festival Attendees

Table 1

Recommendation for Referral to a Clinician for Those Who Had Blood Glucose Testing

Glucose Level (mg/dL)	Recommendation Given by Screener	Follow-Up
<120	See a clinician within 1 month	Called within 1 week
121–199	See a clinician within 1 week	Called within 1 week
>199	Receive urgent care	Saw a physician at the festival and called within 1 week.

Table 2**Characteristics of Participants Who Received Blood Glucose Testing**

Characteristic	<i>N</i>	<i>n</i> (%)	Mean (<i>SD</i>)
Gender	136		
Male		34 (25.0)	
Female		102 (75.0)	
Age (yrs)	137		48.7 (17.8)
Body mass index (kg/m ²)	132		29.6 (5.8)
Number of hours fasting before glucose test	131		3.2 (2.6)
Blood glucose (mg/dL)			
All participants	137		117.2 (45.6)
Fasting participants (≥ 8 hrs)	10		104.3 (18.2)
Nonfasting participants (<8 hrs)	127		118.2 (47.0)
Participants with blood glucose in diabetes range			
Fasting (blood glucose >125 mg/dL)	10	1 (10.0)	
Nonfasting (blood glucose >200 mg/dL)	130	4 (3.0)	
Ever diagnosed with diabetes	135		
Yes		15 (11.1)	
No		119 (88.2)	
Yes, Gestational		1 (0.7)	