

Learning Session on Culinary Medicine: Health Begins at the Table

September 15, 2026



Today's Agenda

12noon: Welcome!

- Network Updates
- How to obtain CEUs

12:10-12:50

- Presentation and Q&A

12:50

- Wrap up





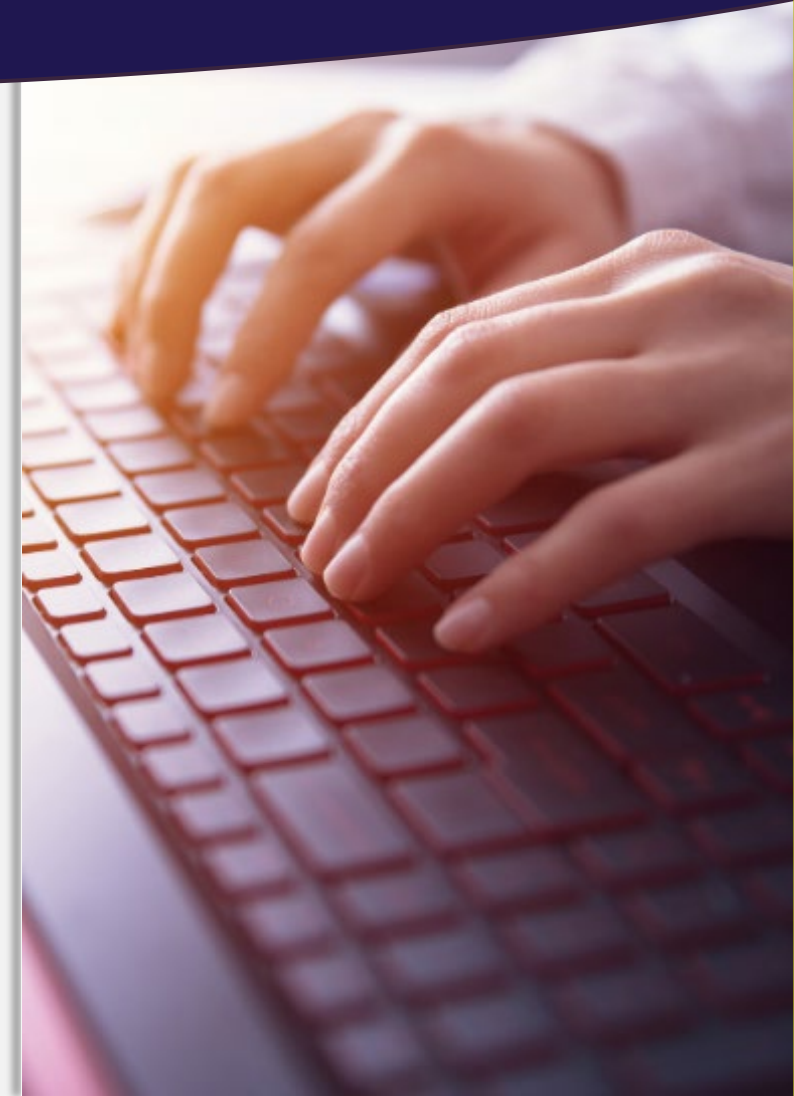
Join Us

Network Benefits

- Expand your professional network with diabetes professionals and organizations
- Receive and contribute to Network newsletters
- Earn CEUs for quarterly meeting presentations

Get Involved

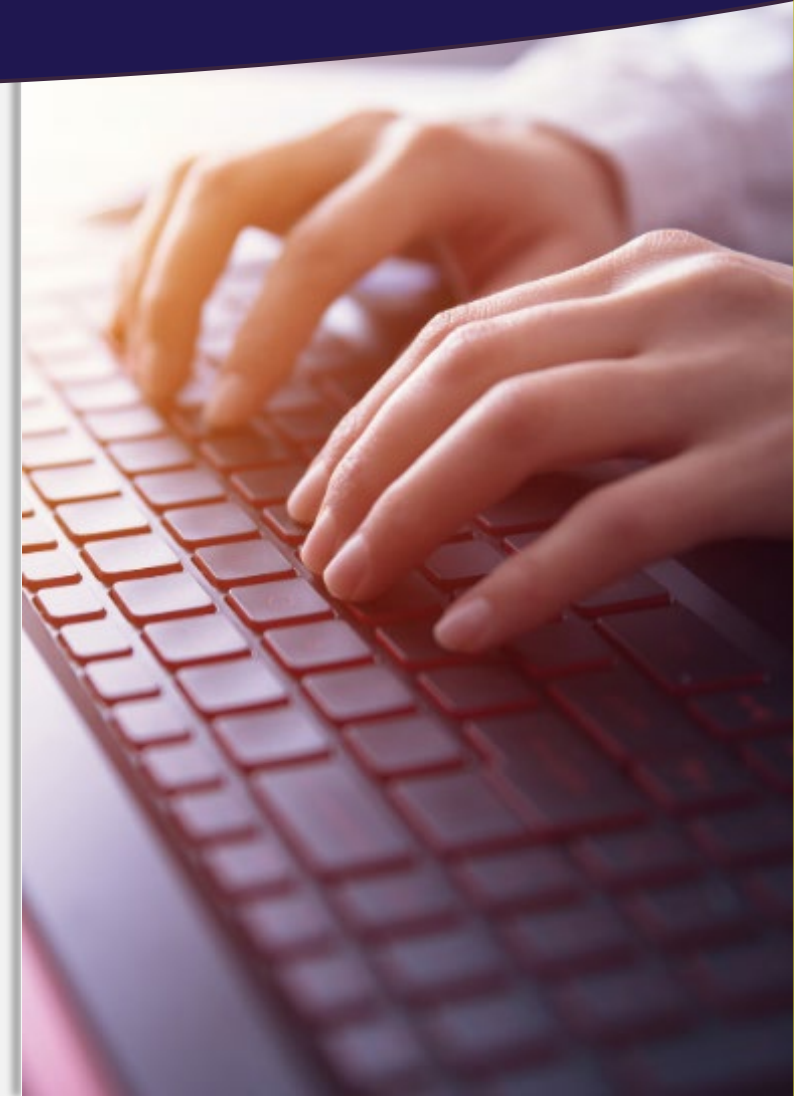
- Join the programming committee
- Participate in collaborative meetings
- Connect with your peers
- Sign up for monthly office hours



Thank you

Thank you for completing the Member Survey!

- We appreciate your thoughtful feedback.
- Changes have been made to upcoming events, based on your input.
- WANTED: New Committee Members! Please reach out to Jen Brais to learn more:
jennifer.brais@mass.gov



Network Office Hours

Connect with us on the first Tuesday of the month at 12noon

Oct. 6: https://www.zoomgov.com/meeting/register/RPY-zSioT4m7VBJ5oY_KNQ

Nov. 3: <https://www.zoomgov.com/meeting/register/7bPsvnPIQWS8nAHMd8IUfw>

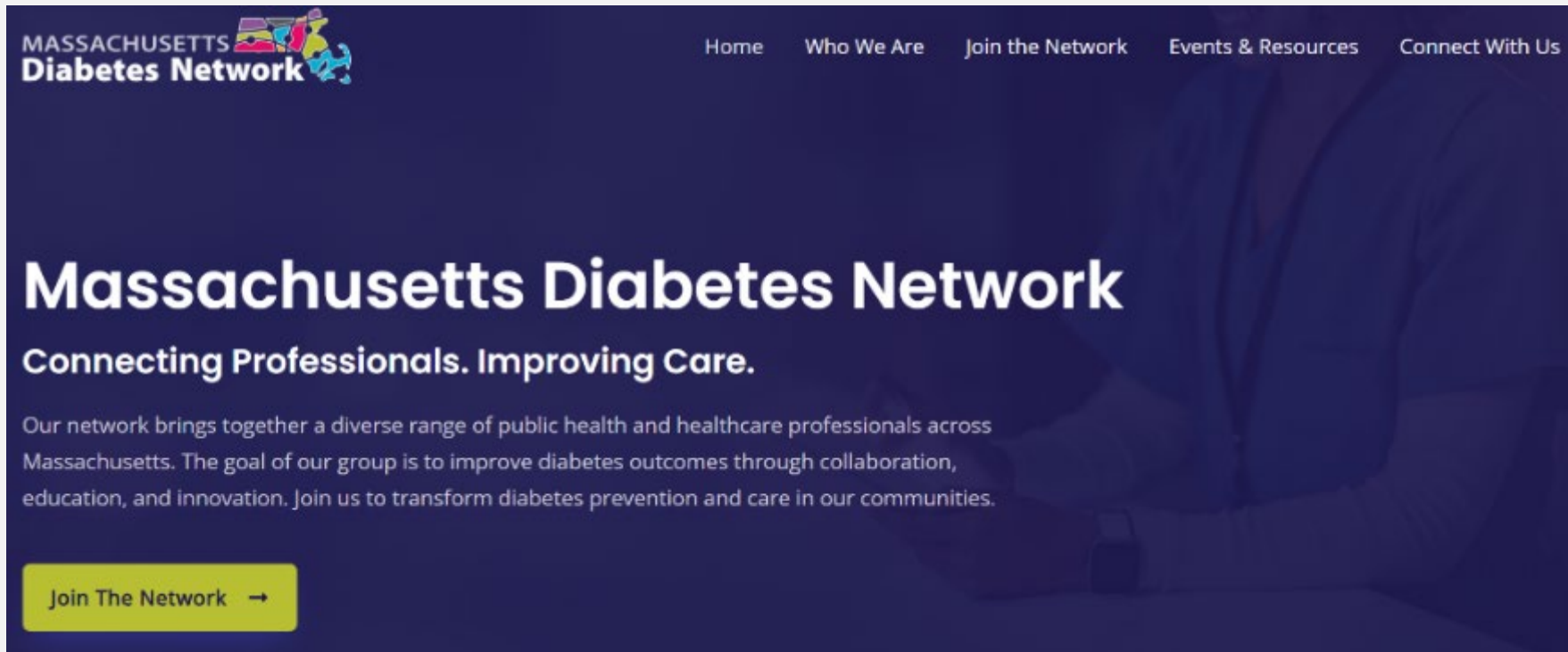
Dec. 1: <https://www.zoomgov.com/meeting/register/ur2NI-21Ts2sVmKHElr89Q>

Office hours this fall will include discussions led by subject matter experts and provide an opportunity to share tools and resources, discuss challenges and potential solutions, and meet other professionals in the field.

Follow us online

<https://madiabetesnetwork.org/>

<https://www.linkedin.com/groups/14430584/>

A screenshot of the Massachusetts Diabetes Network website. The header features the organization's logo on the left and a navigation menu with links to Home, Who We Are, Join the Network, Events & Resources, and Connect With Us. The main content area has a large title, a tagline, a descriptive paragraph, and a prominent yellow button with the text 'Join The Network' and a right-pointing arrow. The background of the website is a dark blue image of a person's hands holding a small object.

MASSACHUSETTS 
Diabetes Network

Home Who We Are Join the Network Events & Resources Connect With Us

Massachusetts Diabetes Network

Connecting Professionals. Improving Care.

Our network brings together a diverse range of public health and healthcare professionals across Massachusetts. The goal of our group is to improve diabetes outcomes through collaboration, education, and innovation. Join us to transform diabetes prevention and care in our communities.

Join The Network →

CEUs

- Those who attend the full session are eligible for 1 CEU, provided by ADCES for this session.
- **We will share the CEU evaluation link after the presentation.**



Make Your Voice Heard: MA Community Health Equity Survey



Take the survey

When you take the MA Community Health Equity Survey, your experiences and ideas help guide decisions about your community. The survey is available in 11 languages, easy to take, and anonymous.

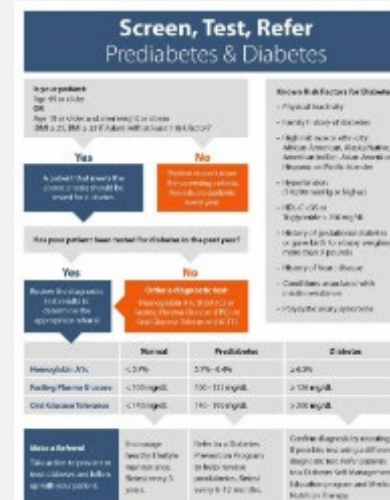
Take the survey now at mass.gov/HealthSurvey



This survey is part of the Community Health Equity Initiative of the Massachusetts Department of Public Health

CH601-EN

<https://massclearinghouse.ehs.state.ma.us/>



Culinary Medicine: Health Begins at the Table

Today's Speaker:

Claudia C. Guillen, DNP, AGPCNP-BC,
DipACLM, CCHW

Adult-Gerontology Primary Care NP and
Founder of La Comida Como Medicina
(Food as Medicine) in Boston



Real Food.
Strong People.
Healthier Communities. ♥



Food as Medicine:

Culturally Responsive Approaches to Diabetes Prevention

CULINARY MEDICINE: HEALTH BEGINS AT THE TABLE

Claudia C. Guillen, DNP, AGPCNP-BC, DipACLM

Nurse Practitioner | Lifestyle Medicine | Culinary Medicine
Founder, La Comida Como Medicina

*"He makes
everything beautiful
in his time."*
Ecclesiastes 3:11



Evidence. Culture. Practical Solutions.
A Healthier Tomorrow.

Real Food.
Real People.
Healthier Tomorrows.
♡

Disclosure

I have no relevant financial
relationships to disclose.



Learning Objectives

By the end of this session, participants will be able to:



1



EXPLAIN

Key lifestyle medicine principles and describe how nutrition and behavior change reduce diabetes and chronic disease risk.

2



IDENTIFY

Culturally responsive strategies—related to trust, language, and health literacy—that support diabetes prevention in Latino communities.

3



APPLY

Food as medicine concepts by explaining practical culinary skills and outlining community-based approaches that promote sustainable, whole-person health.

Healthier People • Stronger Communities • Brighter Tomorrows



We know lifestyle intervention works. So why is implementation still so difficult?



Culture



Access



Trust



Skills



Sustainability

The gap is often between
what we recommend and
what happens at the table.

Real Food.
Real Change.
Brighter
Tomorrows.

Lifestyle Intervention Remains Foundational to Diabetes Prevention

Strong evidence supports that healthy lifestyle changes can prevent or delay type 2 diabetes.

The Evidence

58%

lower incidence of type 2 diabetes over 3 years with intensive lifestyle intervention in the Diabetes Prevention Program (DPP).¹

Current ADA 2026 Recommendation

For adults at high risk, refer to a diabetes prevention program targeting:



5–7%
weight reduction



≥150
minutes per week of moderate-intensity physical activity.²

Benefits Are Long-Lasting



The reduction in diabetes risk is sustained beyond the initial intervention, with continued benefit years after the original prevention trials.²

**The question is no longer whether lifestyle works—
but how to make it sustainable and accessible.**

1. Knowler WC, et al. Diabetes Prevention Program Research Group. N Engl J Med. 2002;346:393-403.

2. American Diabetes Association. Standards of Care in Diabetes—2026. Diabetes Care. 2026;49(Suppl 1):S50-S65.



*Healthy People
Stronger Communities*

Real Food.
Real People.
Healthier Tomorrows. ♥

Healthy Eating Patterns Reduce Diabetes Risk

Food can be a powerful tool for prevention.



58% lower risk

The Diabetes Prevention Program showed that lifestyle changes (healthy eating, physical activity, and weight loss) reduced the risk of type 2 diabetes by 58%.¹



Whole-food patterns work

Dietary patterns rich in vegetables, fruits, legumes, whole grains, and minimally processed foods are associated with lower risk of type 2 diabetes and cardiovascular disease.^{2,3}



Benefits across populations

These benefits are seen in diverse populations, including Latino/a communities.⁴



It's not just about individual foods.

It's about the whole dietary pattern, enjoyed in a way that is culturally meaningful, sustainable, and possible in real life.

Food
creates Hope. ♥

1. Knowler WC, Barrett-Connor E, Fowler SE, et al. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002;346(6):393-403. doi:10.1056/NEJMoa012512.
2. Schwingshackl L, Bogensberger B, Hoffmann G. Diet quality as assessed by the Healthy Eating Index, Mediterranean Diet Score, and Alternative Healthy Eating Index and risk of type 2 diabetes mellitus: a systematic review and meta-analysis of cohort studies. *JAMA Intern Med*. 2018;178(2):288-296. doi:10.1001/jamainternmed.2017.6971.
3. American Diabetes Association Professional Practice Committee. 3. Prevention or delay of diabetes and associated comorbidities: Standards of Care in Diabetes—2026. *Diabetes Care*. 2026;49(Suppl 1):S50-S60. doi:10.2337/dc26-S003.

Real Food.
Real Change.
Brighter
Tomorrows.

There Is No Single Ideal Eating Pattern

Food
Connects
Us

Different healthy eating patterns can support diabetes prevention.
The best approach is the one that is healthy, enjoyable, culturally relevant, and sustainable for each person.¹

PLANT-FORWARD BOWL

Whole grains, beans, vegetables,
and healthy fats



COLORFUL SALAD PLATE

Vegetables, legumes, whole foods,
and plant proteins



CULTURALLY INSPIRED MEALS

Nutritious, familiar foods can support
metabolic health



INDIVIDUALIZE

Eating patterns should reflect
metabolic goals, current eating
patterns, preferences, and
the person's circumstances.¹



EMPHASIZE FOOD QUALITY

- Nonstarchy vegetables
- Whole fruits
- Legumes
- Whole grains (where culturally appropriate)
- Nuts & seeds
- Minimally processed foods^{1,2}



MULTIPLE PATTERNS CAN WORK

- Mediterranean-style
- Plant-forward
- DASH
- Lower-carbohydrate approaches

Healthy eating can look different
across cultures—and still support
diabetes prevention.¹



The evidence gives us principles—
not one culturally universal plate.^{1,2}

Healthy People
Stronger Communities.

1. American Diabetes Association. Standards of Care in Diabetes—2026. Diabetes Care. 2026;49(Suppl 1):S50–S65.
2. American Diabetes Association. Standards of Care in Diabetes—2026. Diabetes Care. 2026;49(Suppl 1):S89–S131.

Real
People.
Real Lives.
Real Change.



What If the Barrier Isn't Knowledge?

Many people know what to eat—yet still struggle to make changes.
Because food choices happen within a **larger life context**.

Food
Connection
Hope
Healthier
Communities.

Before asking only
“What are you eating?”
consider asking
“**What is happening
in your life?**”

CULTURE
Traditions, language
and beliefs



MENTAL HEALTH
Depression,
anxiety, grief



STRESS
Life pressures



SLEEP
and fatigue



FAMILY
and caregiving
responsibilities



ACCESS
and cost

?
**What is
happening in
your life?**

People
are more
than a plan.



He makes
everything beautiful
in His time.
Ecclesiastes 3:11



Diabetes care is more effective when we see **the whole person—
not just the plate.**

Culturally
Rooted Care
Stronger
Communities.

Culturally Responsive Care

How do we make the evidence fit the person—
not ask the person to fit the evidence?

Food.
People.
Hope.
Healthier
Futures.



TRUST

Build relationships before recommendations.



CULTURE & FAMILY

Understand traditions, roles, beliefs, and sources of support.



Culturally Responsive Care

People
Families
Communities
Better Health

Hola
Hello



LANGUAGE

Communicate in the person's preferred language.



HEALTH LITERACY

Make information understandable and actionable.



ACCESS

Consider what foods, resources, time, and support are realistically available.



Translation changes the language.
Cultural responsiveness changes the conversation.



He makes
everything beautiful
in His time.
Ecclesiastes 3:11

Real
Food.
Real People.
Real Change.



Preserve Before You Prohibit

Culturally responsive nutrition care builds on familiar foods—
with small, meaningful changes.

Food.
Connection.
Hope.
Healthier
Communities.



Cultural foods
can be healthy
and delicious.



PREPARATION

Bake, roast, grill, air-fry, or sauté instead of deep-frying.



PORTION

Enjoy familiar foods in balanced portions.



PAIRING

Combine with vegetables, legumes, protein, and healthy fats.



QUALITY

Choose less-refined or minimally processed options when possible.



FREQUENCY

Keep traditional foods as part of your diet—without making them an everyday food.



Cultural foods are not the problem.
The opportunity is in how we prepare, combine,
portion, and enjoy them.



He makes
everything beautiful
in His time.
Ecclesiastes 3:11

Real Food.
Real People.
Real Change.



From Knowing to Doing

Nutrition education tells us **WHAT**.
Culinary medicine helps us practice **HOW**.

Food.
Connection.
Hope.
Healthier
Communities.



KNOWLEDGE

Learn the why



SKILLS

Build practical skills



PRACTICE

Try it together



CONFIDENCE

Gain confidence in the kitchen



SUSTAINABLE CHANGE

Healthier people.
Healthier communities.



People learning.
Food bringing change.



Practical skills.
Real life applications.



Simple techniques.
Big impact.



Culturally familiar foods.
Healthier ways to enjoy.



Food as Medicine becomes **actionable** when people can taste it, prepare it, and imagine making it at home.

He makes everything beautiful in His time.
Ecclesiastes 3:11



Culinary Medicine

What Does the Evidence Show?

Real Food.
Real People.
Healthier
Communities.



Ingredientes

- 1 plátano maduro grande (pelado y en rodajas)
- 1 taza de frijoles negros cocidos
- 1 taza de quinoa o arroz integral
- 1 taza de zanahoria rallada (opcional)
- 1 taza de queso fresco (opcional)
- 1/4 taza de aceite de oliva
- 1 aguacate para el adobo (opcional)
- Jugo de 1 limón
- Sal y pimienta al gusto

Skills
today.
Health
tomorrow.



Promising evidence—
but we still need larger, rigorous, long-term trials.



COOKING CONFIDENCE

Hands-on culinary interventions can improve cooking self-efficacy and practical food skills.



People feel more confident preparing healthy meals.



HEALTH BEHAVIORS

Studies report improvements in healthy eating, cooking behaviors, food choices, and diabetes self-management.



More fruits, vegetables and healthy food choices.



CLINICAL POTENTIAL

In a 2025 culturally and ethnically diverse T2D culinary-medicine pilot, **HbA1c** improved after the intervention and remained significantly lower at 6-month follow-up.



Improved HbA1c and other health outcomes in a real-world setting.

Good Food
Builds Brighter
Futures.

Real
People.
Real Food.
Real Change.



Beyond the Clinic:

Why Community & Group Approaches Matter

Stronger
People.
Healthier
Communities.



Most food decisions happen outside
the clinical encounter.



CONNECTION

Learning with
others can create
encouragement,
accountability,
and belonging.

People are more
likely to make and
sustain changes
when they feel
supported.



FAMILY & CULTURE

Food is often
purchased,
prepared, and
shared within
families and
cultural traditions.

Cultural foods and
family traditions
can be a source
of strength.



PRACTICE

Group settings
can move
education beyond
information to
tasting, cooking,
movement, and
problem-solving.

Hands-on
experience builds
skills, confidence,
and real-life
application.



ACCESS & SUPPORT

Community-based
programs can bring
education closer
to where people
live, gather, shop,
cook, and eat.

Meeting people
in their communities
helps reduce barriers
and increase
equity.

Cooking.
Learning.
Connecting.
Stronger Together.



Health behavior happens in **real life**—
not only in the exam room.



Same
People.
Real Lives.
Better Possibilities.



What If We Changed the Prescription?

It's not just what we recommend—
it's how we make it possible.

People.
Culture.
Food.
Hope.



"Healthier communities
are built one meal,
one conversation,
one person at a time."



What would make this recommendation
possible in this person's real life?



CULTURE

What foods
and traditions
matter to
this person?

Preserve meaningful
foods and build on
cultural strengths.



SKILLS

Can they actually
prepare what we're
recommending?

Provide practical,
hands-on strategies
and simple recipes.



FAMILY

Who shops, cooks,
eats together, and
influences food
decisions?

Engage family
and household
in the plan.



COMMUNITY

What resources
and support exist
beyond the
clinic?

Connect to local
programs, spaces,
and people for
ongoing support.



The prescription isn't complete
until it can **work in real life.**



Culturally Responsive Care: What Does the Evidence Show?

People. Culture.
Food. Better Health. ♥



14 RCTs

Culturally tailored diabetes education

Improvements reported in:



Self-management
behaviors



Self-efficacy



Diabetes
knowledge



Psychosocial
well-being

HbA1c improved in several trials.

Widiastuti L, Pahria T, Haroen H, Sofiatin Y. *J Multidiscip Healthc.* 2026;19;591652.¹
PMID: 41978783.



-0.57

percentage points HbA1c

Culturally tailored self-management interventions

17 studies reviewed
(15 RCTs, 2 quasi-experimental studies)
7 included in meta-analysis

-0.57 percentage points HbA1c
(95% CI, -1.15 to -0.25; $P < .01$)

Afaya RA, Seib C, McGuire A, Petsky H. *Worldviews Evid Based Nurs.* 2026;23(4):e70141.²
PMID: 42394316.

What Did “Cultural Tailoring” Include?



Language
(native-language delivery)



Traditional Foods
(culturally relevant dietary guidance)



Family & Community
engagement



Culturally Aligned
behavioral support

Cultural responsiveness is not an “extra.”
It can be part of an evidence-based strategy for improving diabetes care.

Beyond the Clinic:

Community Can Extend the Reach of Diabetes Care

What happens after the patient leaves the visit?

People. Culture.
Food. Better Health. ♥



1 ADA 2026 Guideline Recommendation



CONNECT
TO COMMUNITY

- Identify barriers and available resources (social determinants of health).
- Connect people with appropriate community resources.
- Add support from health coaches, navigators, or community health workers when available.
- Community-based support can strengthen diabetes self-management.

American Diabetes Association. *Diabetes Care*. 2026;49(Suppl 1):S13-S26.¹
PMID: 41358887.

2 Community Health Workers Systematic Review & Meta-Analysis



≈ **0.5**
percentage-point
reduction in HbA1c

- 6 studies • 1,280 participants followed for ≥12 months
- Adding CHW support to usual care was more effective than usual care alone.
- Included Latino, African American, and Indigenous Australian populations.

Evans J, White P, Ha H. *Lancet*. 2023;402(Suppl 1):S40.²
PMID: 37997082.

3 Real-World Latino DPP Community-Based Program



2,377
participants

- 89.8% Latino(a)
82.0% Spanish-speaking
- Among 1,988 participants who attended ≥8 of 20 sessions within 6 months and had ≥2 weight measurements, **31.6% achieved ≥5% weight loss.**
- Led by Latino(a) community health workers in a real-world setting (2014–2023).

Wittmer N, Steiner A, Uvina K, et al. *Am J Health Promot*. 2026;40(4):429-439.³
PMID: 41031597.



The clinic can start the conversation.
Community support can help carry it forward.



Stronger
Together
for Healthier
Tomorrows. ♥

Real Food.
Real People.
Lasting Change. ♥

La Comida Como Medicina

A culturally responsive culinary & lifestyle medicine model

Community-based • Bilingual • Plant-forward • Practical



CULTURE & EDUCATION

- Culturally familiar foods
- Spanish & English education
- Preserve traditions while adapting preparation
- Evidence-based, practical information



CULINARY SKILLS

- Hands-on food preparation
- Simple, practical recipes
- Taste • prepare • practice
- Build confidence in the kitchen



MOVEMENT & LIFESTYLE

- Physical activity for all levels
- Stress management
- Sleep and emotional well-being
- Blood pressure & metabolic health
- Small changes, big impact



COMMUNITY

- Learn together
- Share experiences and problem-solve
- Build connection and support
- Celebrate progress
- Healthier communities



LEARN



PREPARE



TASTE



PRACTICE



TAKE IT HOME

Personas.
Cultura.
Comida.
Mejor Salud. ♥

The goal is not simply to teach people what to eat.
It is to help make healthier choices feel possible
in their own lives. ♥

Stronger Together
for Healthier Tomorrows. ♥

Real
Conversations.
Real People.
Healthier Tomorrows.

Five Questions

That Can Change the Nutrition Conversation

From recommendations to real life. From advice to partnership.



What foods feel like home to you?

- Identifies cultural foods and traditions
- Highlights foods worth preserving
- Builds trust and respect



Who usually shops and cooks in your home?

- Identifies the real decision-makers
- Informs who to include in education
- Recognizes the role of family and support systems



What makes eating the way you want difficult right now?

- Surfaces barriers like cost, time, stress, access, caregiving, or skills
- Opens the door to problem-solving
- Shows that you are listening



What is one food or meal you would be willing to work on together?

- Focuses on small, realistic changes
- Builds on the patient's interests and strengths
- Turns conversation into a collaboration plan



What would make this change feel possible this week?

- Identifies practical next steps
- Increases confidence and self-efficacy
- Moves from intention to action



People are more than numbers.
When we listen, we create real possibilities.



CULTURE
Honors identity



CONNECTION
Builds trust



COLLABORATION
Creates solutions



HEALTHIER LIVES
Stronger communities

Real Food. Strong People. Healthier Communities.



Real
Conversations.
Real People.
Healthier Tomorrows.

From Evidence to the Table

A Practical Food-as-Medicine Approach

People. Food. Culture. Community. Real Change.



**LA COMIDA
COMO MEDICINA™**

BITES OF HEALTH

Real Food. Strong People.
Healthier Communities.



ASK

Understand the person,
their culture, family,
resources, and barriers.



PRESERVE

Keep culturally
meaningful foods and traditions that
already support
health.



ADAPT

Modify preparation
methods, portions,
pairings, quality,
or frequency
when needed.



PRACTICE

Move from nutrition
information to real
food skills—
preparing, tasting,
and building meals.



CONNECT

Link people with
family, community
resources, group
programs, and
ongoing support.

Good Food.
Stronger People.
Healthier Communities.
Brighter Tomorrows.



*The prescription
isn't complete
until it can work
in real life.*

Real Conversations.
Real People.
Healthier Tomorrows.



What I Hope You Take With You

Different pieces. A stronger future.



Evidence

tells us
what works.



Culture

helps us
understand
what fits.



Culinary medicine

helps people
practice how.



Community

helps make
change
sustainable.

**Food as Medicine is not just about changing
what people eat.**

**It is about helping healthy choices become
possible in real life.**

*The goal is not the perfect plate.
The goal is a healthier life that feels possible.*



Evidence-Based | Culturally Responsive | Practical | Person-Centered

*He has made
everything beautiful
in its time.
Ecclesiastes 3:11*



*Healthier People.
Brighter Tomorrows.*



*Food
Creates Hope.*



References

1 of 2

AMA-style bibliography • bibliographic details verified against journal/publisher or PubMed records

1. Knowler WC, Barrett-Connor E, Fowler SE, et al; Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002;346(6):393-403. doi:10.1056/NEJMoa012512.
2. American Diabetes Association Professional Practice Committee for Diabetes. 3. Prevention or delay of diabetes and associated comorbidities: Standards of Care in Diabetes—2026. *Diabetes Care*. 2026;49(Suppl 1):S50-S60. doi:10.2337/dc26-S003.
3. Teixeira PP, Zucatti KP, Matzenbacher LS, et al. Long-term lifestyle intervention can reduce the development of type 2 diabetes mellitus in subjects with prediabetes: a systematic review and meta-analysis. *Diabetes Res Clin Pract*. 2024;210:111637. doi:10.1016/j.diabres.2024.111637.
4. Schwingshackl L, Bogensberger B, Hoffmann G. Diet quality as assessed by the Healthy Eating Index, Alternate Healthy Eating Index, Dietary Approaches to Stop Hypertension score, and health outcomes: an updated systematic review and meta-analysis of cohort studies. *J Acad Nutr Diet*. 2018;118(1):74-100.e11. doi:10.1016/j.jand.2017.08.024.
5. Jacobs S, Boushey CJ, Franke AA, et al. A priori-defined diet quality indices, biomarkers and risk for type 2 diabetes in five ethnic groups: the Multiethnic Cohort. *Br J Nutr*. 2017;118(4):312-320. doi:10.1017/S0007114517002033.
6. American Diabetes Association Professional Practice Committee for Diabetes. 5. Facilitating positive health behaviors and well-being to improve health outcomes: Standards of Care in Diabetes—2026. *Diabetes Care*. 2026;49(Suppl 1):S89-S131. doi:10.2337/dc26-S005.
7. American Diabetes Association Professional Practice Committee for Diabetes. 1. Improving care and promoting health in populations: Standards of Care in Diabetes—2026. *Diabetes Care*. 2026;49(Suppl 1):S13-S26. doi:10.2337/dc26-S001.

References

2 of 2

AMA-style bibliography • bibliographic details verified against journal/publisher or PubMed records

8. Tensun FA, Cervantes L, Uvina KA, et al. Understanding Latino individual and family perspectives in a National Diabetes Prevention Program. *JAMA Netw Open*. 2026;9(4):e264780. doi:10.1001/jamanetworkopen.2026.4780.
9. Heredia NI, Macias-Navarro L, Guevara DC, et al. Testing of a culinary medicine intervention for racially/ethnically diverse adults with type 2 diabetes. *J Nutr Educ Behav*. 2025;57(4):263-273. doi:10.1016/j.jneb.2024.11.006.
10. Widiastuti L, Pahria T, Haroen H, Sofiatin Y. Culturally tailored education interventions to enhance diabetes self-management: a systematic review of randomised controlled trials. *J Multidiscip Healthc*. 2026;19:591652. doi:10.2147/JMDH.S591652.
11. Afaya RA, Seib C, McGuire A, Petsky H. Effectiveness of culturally tailored interventions on self-management in type 2 diabetes mellitus: a systematic review and meta-analysis. *Worldviews Evid Based Nurs*. 2026;23(4):e70141. doi:10.1111/wvn.70141.
12. Evans J, White P, Ha H. Evaluating the effectiveness of community health worker interventions on glycaemic control in type 2 diabetes: a systematic review and meta-analysis. *Lancet*. 2023;402(Suppl 1):S40. doi:10.1016/S0140-6736(23)02140-2.
13. Wittmer N, Steiner A, Uvina K, et al. Effectiveness of a Latino(a) community health worker led National Diabetes Prevention Program. *Am J Health Promot*. 2026;40(4):429-439. doi:10.1177/08901171251380847.

How did we do today?

Please take a few minutes and complete an evaluation survey about today's event.

We appreciate your feedback!

<https://forms.cloud.microsoft/g/nUzvF8UP6G>

CEU Instructions

- Those who attend the full session are eligible for 1 CEU from ADCES.
- If you do not already have an account, you may need to create one at ADCES through the event page here: [Food as Medicine: Culturally Responsive Approaches to Diabetes Prevention](https://www.adces.org/events/food-as-medicine-culturally-responsive-approaches-to-diabetes-prevention)
- **You must complete the evaluation within the next 14 days:**
<https://www.surveymonkey.com/r/5CVXFKX>



Upcoming Events

Next Learning Session will be in November, in recognition of National Diabetes Month. Check your inbox for updates.

Contact Us

Jennifer Brais, Diabetes
Director, MA DPH

Michael See, MA Diabetes
Network Co-Chair



<https://www.linkedin.com/groups/14430584/>



<https://madiabetesnetwork.org/>

Jennifer.brais@mass.gov

