



The Effect of a Diabetes Self-Management Program for African Americans in a Faith-Based Setting: Pilot Study

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Background

Diabetes is a growing epidemic in the United States; claiming about 73,000 lives a year. In the United States, 23.6 million Americans have been diagnosed with diabetes and an estimated 5.7 million remain undiagnosed. According to the report African Americans account for 4.9 million affected by this chronic illness, making diabetes a common condition in the African American population (CDC, 2011). Because of diabetes African Americans have an increased risk of retinopathy, end-stage renal disease, and lower extremity amputation compared to other cultures. The purpose of this pilot study is to test a faith-based diabetes self-management educational program to improve diabetes self-management skills and diabetes knowledge for African American adults with diabetes.

Purpose

To test a faith-based diabetes self-management educational (DSME) program to improve diabetes self-management skills and diabetes knowledge for African Americans.

Sample

The principal investigator (PI) recruited a convenience sample of participants with the assistance of a liaison (Pastor) to facilitate recruitment. The PI recruited 10 members with a primary diagnosis of type 2 diabetes.

Methods

A one group with pre-test post-test design was used to examine the effect of a diabetes self-management program on diabetes self-care activities.

Instruments	Pre-test	Post-test
Confidence in Diabetes Self-Care scale	Strongly Agree 30	Strongly Agree 85 (p=<.001)
Diabetes Locus of Control scale	Strongly Agree 25	Strongly Agree 68(p=<.001)
Summary of Diabetes Self-Care Activities scale	Average 36.4	Average 43.8 (p=.13-.38)
Spoken Knowledge in Low Literacy in Diabetes	Mean score(SD) 6.4(2.22)	Mean score (SD) 9.5(0.53)

Results

There were significant improvements in health eating, diet, exercise, and blood glucose testing (p=<.001).

Discussion

Faith-based diabetes self-management interventions may result in improved outcomes for African Americans adults with T2DM. This pilot study demonstrated successful change of this 7 week session. In order to make an impact on this epidemic, consideration for health beliefs, nutritional practices, religious beliefs and practices, interactions with the health care system, and socioeconomic status must be considered.

Limitations

There were several limitations in this study that may have impacted the outcomes. This study was limited to a single setting therefore making the findings difficult to generalize. Several other limitations included: small sample size and single setting.

References

References

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179-211.

American Diabetes Association. (2011). Standards of medical care in diabetes. *Diabetes Care*, 34(Suppl. 1), 11 – 61.

Centers for Disease Control and Prevention (2011). *National diabetes fact sheet*. Retrieved from <http://www.cdc.gov/diabetes/pubs/factsheet11.htm>