



Team Approach to Combat Disparities in Diabetes Education: A Success

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INTRODUCTION

• Diabetes is a complex chronic disease that requires varied approaches for successful medical care and patient self-management education. The purposes of the Center for African-American Health (CAAH) @ the Metro Denver Black Church Initiative's Diabetes Self-Management Education program, in addition to glycemic control, is to promote nutrition, physical activity, lifestyle changes and to fill the void presented by disparities in traditional diabetes medical care and self-management education.

• Culturally specific diabetes education self-management is key to decreasing disparities among ethnic groups. Recognizing this important requirement, the CAAH has developed a diabetes self-management model with cultural competence for African-Americans as its *centerpiece*.

• Adult learning theory (David M. Kaufman, January 2003,) is applied in the diabetes self-management program. The program builds upon the adult's (a) independence and self direction, (b) past experience, (c) ability to integrate and value learning with the demands of everyday life, (d) interest in immediate problem centered approaches, and (e) motivation to learn by internal drives rather than external ones.



THE TEAM

A teamwork approach sits at the core of the diabetes self-management education initiative. A multi-disciplinary team approach includes, but is not limited to:

Physician: Diagnosis, laboratory tests, medical management and follow-up

Certified Diabetes Educator: The physiology of diabetes and related systems

Registered Dietitian: The connection between diabetes, diet, nutrition and obesity

Three Registered Nurses: Who focus on addressing complications of diabetes, goal setting, emotional complications as a result of having diabetes, resources for diabetes education and medical care, plus follow-up care

Pharmacist: Medication management; diabetes medicines and others, i.e. hypertensive medicines, etc.

Physical Activity Specialist: Integrates the importance of exercise and weight management. The success of this diabetes self-management project is a result of culturally competent professional partners, participatory format, safe environment for sharing and focus on the student as the most important person on the team.

Community Outreach Coordinator: Assist the project manager, schedule classes, provide technology expertise, follow-up calls to potential and past class participants.

The Diabetes Advisory Committee is comprised of a group community, public health and lay professionals who review the education strategies of the course and make recommendations.



METHODS

RECRUITMENT STRATEGY

The CAAH diabetes self-management class participants are recruited through local church announcements, flyers distributed in communities throughout Metropolitan Denver and 'word of mouth.'

Participants are triaged into the class through a series of screenings including, A1C, blood pressure check, and review of medical history.



The diabetes self-management program consists of a series of 6-week classes which meet several times per year. At the end of these classes, participants are encouraged to attend our community support group. These groups are facilitated by a CAAH congregational nurse and community volunteers. The aim of the community support groups is to reinforce what was learned in the regular diabetes self-management classes. The regular self-management classes include:

Physical activity



Special lectures and sessions on diabetes control techniques and other relevant education

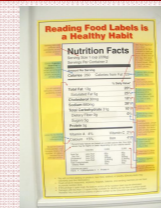


Cooking demonstrations

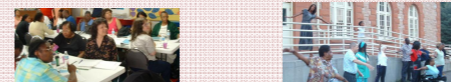


Healthful eating

(Special 'diabetic friendly' meals are served each week)



Although the CAAH diabetes self-management program is intended for African-Americans; no one is turned away. Family members, caregivers, and others also attend. Due to the complexity of diabetes self-management, participants are encouraged to attend additional classes as needed and to communicate thoroughly with their primary care provider.



Diabetes Self-Management Class Overview 2004-2006

Enrollment (Does not include current class n = 28)	188
Nutritional Cooking Classes	35
Repeat Participants (Skill-building reinforcement)	10
Number of participants with A1c of 7% and above	45
Number of participants who decreased A1c to below 7%	11
Number of follow-up calls as of 4.25.06	27

CHALLENGES

Several shortcomings were experienced such as recruitment, conducting classes at various locations and the time of day classes were held. We overcame these limitations by:

- Expanding recruitment advertising in community churches, events and other sites
- Centralizing class location in the community
- Planning for additional class time to accommodate expanding attendance and those who may be visually impaired

ONE OF OUR SUCCESS STORIES

Diabetes patients face many challenges to keep up with the demands of treatment and self-management. Our model can serve as a way to assist people with diabetes to overcome these challenges.

The diabetes self-management education initiative was featured in the Winter 2005 issue of Better Homes and Gardens Special Interest Publication, *Diabetic Living*. A reader in New York noticed the article which discussed the diabetes education classes.

Armed with this knowledge, the New York reader promptly contacted a relative here in Denver who happens to have diabetes and recommended our class. The Denver relative attended the next session and successfully completed the course.

DISCUSSION

The success of this diabetes self-management project is a result of culturally competent professional partners, a participatory format, safe environment for sharing and focusing on the individual participant / student as the most important member of the team.

The team approach and cultural competence is the cornerstone of our effort. With these two elements in place, we believe our model can be exported for use with African-Americans who may have other chronic disease states to cope with.