

SUMMARY

Taking Control of Diabetes Course (TCDC) is a diabetic education program developed to increase health awareness in the community by addressing lifestyle influences of diabetes. Participants engaged in active discussions, provided peer feedback and developed long lasting support systems.

BACKGROUND

- Diabetes has become one of the greatest health challenges facing the United States with 9.3% of the total population diagnosed and an additional 1.4 million Americans diagnosed each year.
 - According to the American Diabetes Association, non-Hispanic Blacks account for 13.2% of Americans with diabetes.
- In New York City – Non-Hispanic Blacks make up 31% of diagnosed diabetes.
- A multifactorial disease, diabetes care is complex and evolving. Health education programs have been identified as valuable and effective tools in reaching out to populations in their communities.

THE INTERVENTION

THE TCDC PROGRAM

- The TCDC program is part of the neighborhood diabetes education program initiative in which students in health profession design and implement diabetes education courses within the community.
- As a NYU School of Medicine medical student, I decided to hold the class in west Harlem in New York City at New Mount Zion Baptist Church. The church serves about 1000 members in a predominantly non-Hispanic Black community. There were 15 church members recruited into the program, both men and women. All the participants were either diagnosed with Type 2 diabetes or with prediabetes.
- In this program, the participants engaged in several interactive sessions where they had the opportunity to share and learn from one another. The program is not only meant to be educational, but also self-empowering for the participants to encourage weight loss and better health control.

OBJECTIVES

- Determine what factors participants believe are hindering them from taking better control of their health
- Teach and discuss educational topics affecting Type 2 diabetes
- Evaluate the effectiveness of group sessions focused on lifestyle interventions
- Create a support system for continuity

METHODS

PROGRAM DESIGN

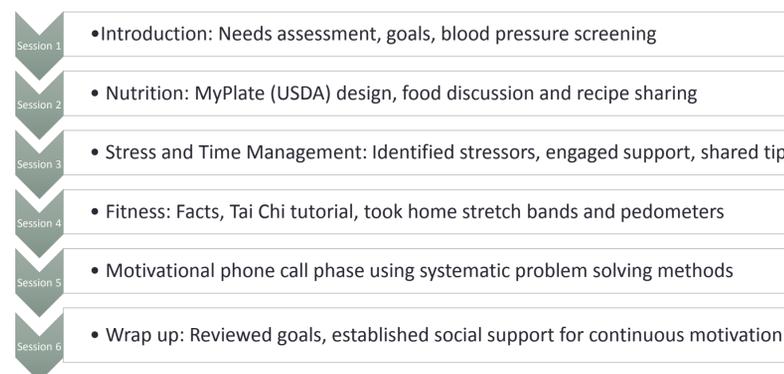


NEEDS ASSESSMENT

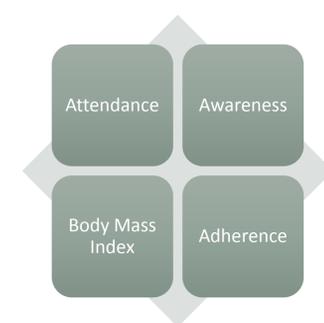


- Topics and responses from questionnaire:
 - Motivation – Lose weight, learn about managing diabetes, be a role model
 - Expectation – learn how to prevent diabetes, what foods to eat, easy exercises
 - Challenges – staying motivated, avoiding unhealthy favorites, finding time
- Curriculum design incorporated participant responses into sessions

CURRICULUM DESIGN



MEASUREMENTS



Awareness Questionnaire

- Overall diabetes care
- Ways to cope with stress
- Meal plan for blood sugar control
- The role of exercise in Diabetes prevention
- How diet, physical activity, and medicines affect blood sugar levels
- Prevention and treatment of high blood sugar
- Prevention and treatment of low blood sugar
- Prevention of long-term complications of Diabetes
- Benefits of improving blood sugar control
- BMI

RESULTS

SUSTAINED COURSE ATTENDANCE LEADS TO IMPROVED DIABETES AWARENESS

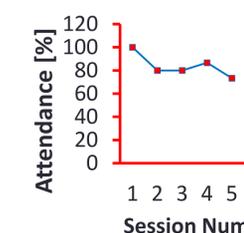


Figure 1. Attendance for 5 sessions. First 4 sessions were held weekly and resulted in a final retention of nearly 87%. Session 5 was held one month later.

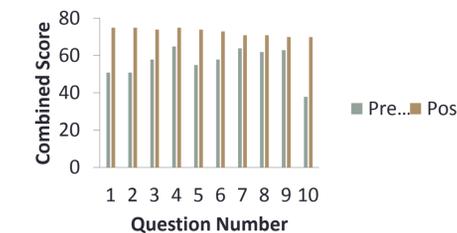


Figure 2. Average awareness score for all participants organized by question. Overall, there was a 28% increase in the average score.

AWARENESS IS NOT SUFFICIENT BUT IS NECESSARY FOR WEIGHT LOSS

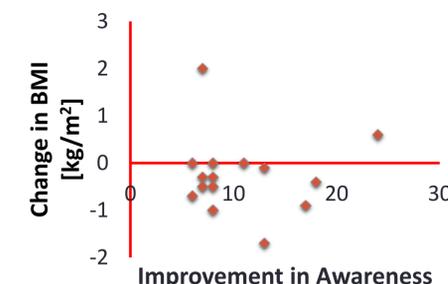


Figure 3. Change in BMI vs improvement in awareness for each participant. No major trends observed.

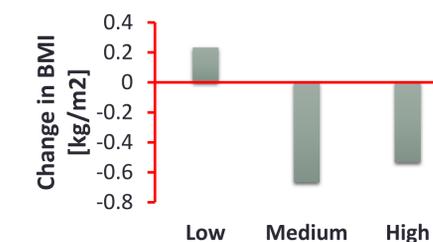


Figure 4. Change in BMI vs adherence to course recommendation. Participants were blindly assigned into three groups (low adherence, medium adherence, and high adherence) based on the degree of adherence as measured by follow up phone calls. The results show a positive correlation between adherence and weight loss.

CONCLUSIONS

- Reported becoming proactive in health care management
- Significant improvement in awareness
- Majority of participants began to show trends of weight loss
- Buddy systems were formed for continuous support
- Participants reported feeling confident in educating their family, friends, and church members

LIMITATIONS

- Short duration
- Small class size
- Scheduling logistics