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ABSTRACT

The Diabetic Community Outreach Program is a teaching initiative geared towards minority clients who are in need of health related education with a goal in reducing body mass index by promoting increased activity and healthy nutritional strategies. The ultimate aim of this twelve week program is to promote long lasting lifestyle changes and decrease the disease burden of diabetes with the resultant co-morbidities. The selected site is a Dellaminca Senior Center in Astoria Queens, New York that provides lunch five days per week to all the members. The clients of Dellamonica are from diverse ethnic backgrounds that include; Spanish, African American, Asian, Italian, and Greek. A total of 16 clients were recruited initially with one member who inadvertently dropped out by traveling home to Guiana. The criterion for inclusion was a history of diabetes or prediabetes. In addition to meals Dellamonica Senior Center provides exercise classes, Tai Chi, walking groups, and small trips to local shopping centers. While many of these services would be beneficial to anyone wishing to become healthy virtually all of the clients recruited for the Diabetic Teaching Program did not participate in available resources.

BACKGROUND

The Minority Population and Diabetes.

The disease of diabetes can be described as a cluster of diseases that manifest in a multitude of ways as a result of elevated levels of sugar in the blood. When a person has diabetes type 2, their body develops a resistance to insulin or no longer makes enough insulin to transport glucose into the cells. Diabetes type 2 accounts for 95% of all people diagnosed with diabetes and are the major focus of this outreach program. The disease of diabetes does not discriminate but there is any increased prevalence in non-Hispanic Black Communities 13.2% and Hispanic Communities 12.8% which is significantly elevated when compared with non-Hispanic White Communities (CDC, 2014). These statistics are further compounded with advanced age > 65 and the resultant weight gain that accompanies a more sedentary lifestyle. Unfortunately, although diabetes has been on the rise nationwide, minority people of color (African Americans, Latinos) have a higher rate of mortality. In fact, mortality rates are twice as high in low income neighborhoods where people of color make up the largest percentage of the population. In addition, the vast array of often debilitating secondary sequelae which include blindness, kidney failure, heart disease, crippling foot ulcers, and fractures of the feet (Charcot foot) can destroy an individuals quality of life increase medical costs to run in the millions of dollars nationwide.

OBJECTIVES

- All clients will have
- Objective 1: All clients will know their numbers (BMI, A1C)
- Objective 2 All clients will demonstrate a culturally preferred Choose My Plate option
- Objective 3: All Clients will demonstrates an increase in physical activity.
- Objective 4: Clients will have a measurable decrease in BMI

METHODS

The Diabetic Teaching Program was set up to occur in the Senior Center on per week over the course of twelve weeks. Each week the group leader focused on a different aspect of health initiatives intended to lower BMI and ultimately establish healthy habits and life style changes. Initial screening focused on lectures on knowing your numbers (BMI, Hemoglobin A1C.) Pre- and post surveys given to clients to assess if learning did occur. Clients had weekly weigh-in and each week the discussions centered around nutrition or exercise. Healthy snacks were provided with each session along with actual recipes for healthy treats during the summer months. Certified Diabetic Educator was on call for reported troubles with medication and/or devices. Below is a list of some of the teaching tools that were incorporated into teams leader’s seminars and group discussions.

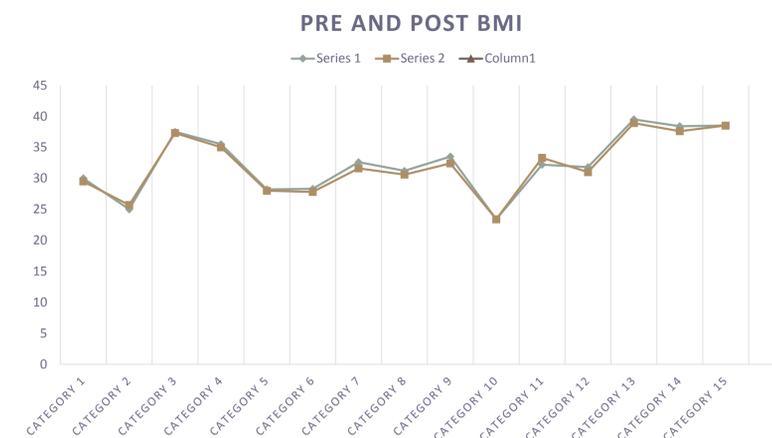


Dellamonica Senior Center: Seniors socializing and engaging in low impact exercises. Many of the clients in this study could not participate in exercise secondary to orthopedic problems that prevented them from standing for long periods or participating in exercise programs. One of the recommendations was swimming and exercising while sitting as depicted above.

RESULTS

Pre- and post-class surveys revealed 100% increase in knowledge in the know your numbers initiative. All participants could relay what the BMI and Hemoglobin A1C biomarkers represent. All clients could demonstrated a culturally based choose my plate option that incorporated healthy options and increased produce. All participants were able to identify portion sizes, fat, sodium, and sugar content located on food labels. Two residents were successfully trained in the use of glucometer set up by Diabetic Educator. A total of 66% of all participants lost 2-5lbs during the course of this training session. All participants identified the locations of farmers markets in Western Queens. The majority of clients increased physical activity and expressed renewed interest in available resources in Senior Center.

RESULTS



CONCLUSIONS

- Conclusion 1: Outreach Teaching Program must incorporate basic instruction on glucose capillary sampling, device usage, and medication. Certified Diabetic Educator must be available to trouble shoot issues should they arise.
- Conclusion 2 The diabetic educator must be ready to discuss other chronic diseases as diabetes may not occur as a solitary problem. A more inclusive approach to healthy eating that incorporates other problems such hypertension and hyperlipidemia should be incorporated to sustained the attendance of the teaching initiative.
- Conclusion 3 A selection of healthy option food choices must be recommended to all clients to give them alternative food choices that are pleasing to the palate and reasonably priced.