In the African American community, religious coping, “efforts to understand and deal with life-stressors in ways related to the sacred,” is strongly influenced by the theology of the Black Church, which is perhaps the oldest and most influential institution in the community. Based on numerous studies, this has resulted in both favorable and unfavorable health outcomes. The goal of this study is to understand how to enhance adaptive behaviors associated with positive religious coping in African American diabetic patients as it pertains to their self-care. To accomplish this task, we are conducting two focus groups amongst African-Americans with diabetes and a demonstrated sense of religiosity. In the context of religious coping and diabetes self-care in the African American community, multiple factors influence how individuals carry out self-care. However, it is imperative that the influence of religion be seriously considered. Therefore, in order to truly address overall health with the goal of improving diabetes self-care, and ultimately health outcomes, it is essential that positive religious coping be applied to diabetes programs which seek to incorporate faith as a factor that positively affects an individual’s health.

**ABSTRACT**

In the African American community, religious coping, “efforts to understand and deal with life-stressors in ways related to the sacred,” is strongly influenced by the theology of the Black Church, which is perhaps the oldest and most influential institution in the community. Based on numerous studies, this has resulted in both favorable and unfavorable health outcomes. The goal of this study is to understand how to enhance adaptive behaviors associated with positive religious coping in African American diabetic patients as it pertains to their self-care. To accomplish this task, we are conducting two focus groups amongst African-Americans with diabetes and a demonstrated sense of religiosity. In the context of religious coping and diabetes self-care in the African American community, multiple factors influence how individuals carry out self-care. However, it is imperative that the influence of religion be seriously considered. Therefore, in order to truly address overall health with the goal of improving diabetes self-care, and ultimately health outcomes, it is essential that positive religious coping be applied to diabetes programs which seek to incorporate faith as a factor that positively affects an individual’s health.

**BACKGROUND**

In many aspects of life, African Americans often make decisions from the theological perspective of collaborative agency, God and humanity working hand in hand. The long tradition of the African American church being a vehicle for social justice and equality arose, in part, from the perceived collaboration between God and humanity to improve the status of vulnerable communities. The powerful sense of agency among religious African Americans does not, however, necessarily translate when addressing personal health issues (e.g. diabetes). On the contrary, when humanity collaborates with the divine this is a form of religious coping in African American diabetic patients as it pertains to their self-care. To study participants were given a US $20 gift card to a local grocery store as an incentive.

**METHODS**

- **Qualitative Methods**
  - We conducted 2 focus groups (n=12) as well as an additional in-depth one-on-one semi-structured interview. Participants were African-Americans with diabetes in a demonstrated sense of religiosity. A moderator/interviewer experienced in discussing health topics and diabetes self-management instruction was selected based on familiarity with focus group participants; all participants had previously completed a ten-week diabetes empowerment class coordinated by the moderator/interviewer. Each focus group consisted of 5-7 people and lasted approximately 60-minutes.

- **Data Analysis**
  - Focus groups and the in-depth interview were audio-taped, transcribed verbatim, and imported into Atlas.ti 4.2 software for coding. The interview transcript was analyzed before the focus groups were undertaken. Three coders independently reviewed and coded the interview transcript, meeting to standardize coding guidelines, improve inter-rater reliability and resolve discrepancies. After the interview was coded, a summary of the final themes and concepts were discussed by the entire research group. These themes formed the basis of the focus group topic guide. The transcripts of the focus groups were coded in a similar and iterative fashion (using the codebook) and analyzed for additional codes and themes.

- **Quantitative Methods**
  - Religious coping was measured with the 14-item Brief RCOPE scale (cite) items were scored on a 4-point Likert scale (i.e., 1 = not at all, 4 = a great deal) with higher scores indicating more frequent use. To assess the religious methods of coping used to gain intimacy with others and closeness to God 15-items from the RCOPE scale were utilized.

- **Implementation of faith-based coping may prove significant in the development of faith-based diabetes programs aimed to improve diabetes self-care in the African American community. In addition to providing diabetes education, such programs may enhance the psychological, social, and physical well-being of its participants through religious contemplation. By allowing the participants to reflect on their religious beliefs, positive religious coping measures may be put in place to help facilitate positive adaptive behaviors.**

**CONCLUSIONS**

The implementation of positive religious coping may prove significant in the development of faith-based diabetes programs aimed to improve diabetes self-care in the African American community. In addition to providing diabetes education, such programs may enhance the psychological, social, and physical well-being of its participants through religious contemplation. By allowing the participants to reflect on their religious beliefs, positive religious coping measures may be put in place to help facilitate positive adaptive behaviors. In the context of religious coping and diabetes self-care in the African American community, multiple factors influence how individuals carry out self-care. However, it is imperative that the influence of religion be seriously considered. Therefore, in order to truly address overall health with the goal of improving diabetes self-care, and ultimately health outcomes, it is essential that positive religious coping be applied to diabetes programs which seek to incorporate faith as a factor that positively affects an individual’s health.

**RESULTS**

- **Focus Group Themes**
  - Importance of spirituality
    - “I don’t care what problems you have... you pray because you have faith that Jesus would bring you out of it”
    - “… we can do nothing without the Lord.”
  - **Faith**
    - “He said I heal all disease and it’s your faith that makes you get well or make you be sick. It’s your faith.”

- **Survey Data**
  - | Religious Coping | MC - Positive Coping | MC - Negative Coping |
  - |----------------|----------------------|---------------------|
  - | 3.44 (0.54)    | 1.09 (0.10)          |

- **Social Support**
  - Seeking Support from Clergy or Members
    - 2.96 (0.67)

- **Anxiety and Depression**
  - Number of days with little interest or pleasure in doing things
    - 4.2 (1.5)
  - Number of days you felt down, depressed or hopeless
    - 2.4 (1.4)