The Role of African American Health Ministries in Promoting Healthy Behaviors among Type II Diabetics

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INTRODUCTION
Diabetes is a chronic disease that disproportionately affects African Americans. This poster presentation presents the findings of four newly formed health ministries that collaborated on the design and implementation of a Type II Diabetes Self Management Program for three African American communities in Albany, New York.

RESEARCH QUESTION
1. Do church health ministries enhance type 2 self management behaviors adherence?
2. Is Community Participatory Action Research (CPAR) using an American Diabetes Association developed faith based diabetes education program, an effective tool for a type 2 diabetic self management program?

Demographics (n=37)
- Gender: M 21%  F 79%
- Education: HS 44%, HS+ 56%
- Marital Status: S 16%, M 44%, S/D 31%
- African American 100%
- Median Age 70
- Median Income $30,000-39,000
- Average years of diabetes 13
- Medical Coverage: None 5%, Private 55%, Medicare 7%, Medicaid 12%
- Min 21%

RESULTS
SDCA Improvements
- Participants increased the number of days they checked their blood glucose level within a week as recommended by their physician.
- Participants followed healthy eating plans and reduced intake of high fat foods from baseline to end of program and continued at 3 months. However, there was no change in consumption of fruits and vegetables.
- Participants improved ten minutes of exercise. Interestingly, there was no change in exercising for 10 minutes during the workshops but there was significant improvement during 3 month follow up.
- There was improvement in 30 minute exercise during the program but level was not maintained at 3 month follow up.
- Participants significantly improved the number of days that they checked feet and maintained at 3 month follow up.
- Significantly increased the number of days per week they checked their shoes during the workshop period. However, they were not maintaining that level at 3 month follow up.

Categories and items indicating no significant change
- Testing Blood as recommended – pre-3 month follow up.
- Days per week fruits/vegetables intake pre-post, pre – 3 month.

DES Improvements
- Improvements in scores from baseline to 3 months.
- Managing the psychosocial aspects of diabetes
- Assessing the dissatisfaction and readiness to change
- Setting and achieving goals
- Empowerment improvement provided deeper insight into the improved self management results

PRACTICE IMPLICATIONS
- All programs required the commitment and continued support of Church Pastor.
- Schedule exercise programs in consideration of food intake requirements.
- CPAR enables community residents to make valuable contributions to research that promotes healthy communities.

Post Workshop Support Requirements
- Form monthly support groups at each church.
- Support & educate family members.
- Institutionalized health promotion programs within the Church Health Ministries.
- Expand community network with Health Institutions.

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