



Yo Puedo Hacerlo! Diabetes Self-Management Education for Older Hispanic Women



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Problem Area

Hispanics constitute 12% of all ethnic groups diagnosed with diabetes in the USA

Hispanics are particularly at risk of adverse impacts of diabetes with high mortality rate

> Hispanic females ranked highest in population attributable risks of diabetes prevalence and all cause mortality when compared with other ethnic groups

> Older Hispanic women are disproportionately affected by diabetes as a result of greater risks of prior gestational diabetes, decreased physical activities, and increased prevalence of obesity

> Diabetes self-management programs have proven effectiveness toward achievement of a higher target A1C levels (diabetes.org, 2014; Seliqman, Mendenhall, Valdovinos, Fernandez, & Jacobs, 2015)

PICO

: In female Hispanic patients, 50 years and older with DMII, what is the effect of diabetes self-management education over a period of four consecutive weeks?

Framework

The Health Belief Model

> Perceived Susceptibility

➤ Perceived Severity

➤ Perceived Threat

➤ Self Efficacy

(Skinner, Tiro, & Champion, 2015)

Methods

Design & Participants:

Descriptive, non-experimental, single group pre- and post-test design

Inclusion Criteria:

Convenient sample of Hispanic women, 50 years and older with the diagnosis of type 2 diabetes; established patients at Dr. D's Urgent Care with Hemoglobin A1C<7

Exclusion Criteria:

Younger than 50 yrs old, men, No diagnosis of type 2 diabetes, ethnic group other than Hispanic, and Hemoglobin A1C<7

Population: Convenient sample of Hispanic women, 50yrs and older with the diagnosis of type 2 diabetes, who consented to participate in d

Measures: one group variable was measured repeatedly, both before and after exposure of participants to the health education workshop over 4-weekly sessions

Procedure: Weight, self-reported glucose, and blood pressure were recorded weekly, and the DSMQ was administered at three points of time (baseline, mid-point, and end-point). Considerable score improvement noted in DSMQ between the 2nd and 3rd measurements. Significant improvement also noted in glucose levels over time. This demonstrated evidence of improved knowledge

Statistical Analysis:

A Kruskal Wallis or a one-way ANOVA with repeated measures was used to compare three or more group means where the participants are the same in each group and occurs when participants are measured multiple times to see changes to an intervention.

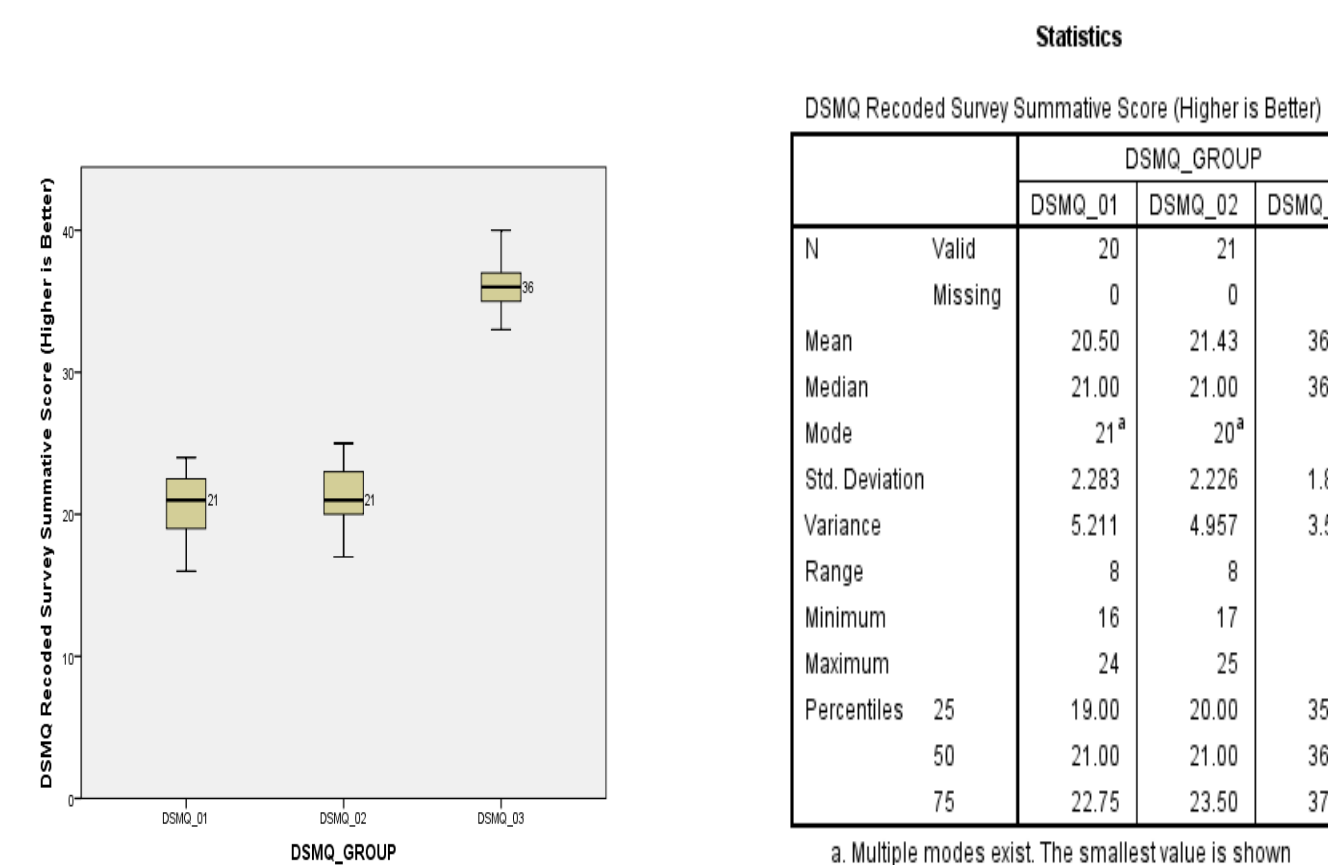
Results

Crombach Alpha results are weak due to ambiguous nature of the survey instruments, mixed polarization of some questions and answers

P-value associated with the two-sided test was held at 0.05; confirmed that findings are not due to chance

Kruskal Wallis was used to explain the difference in DSMQ scores at three median points of time; baseline, mid-way, and post-intervention

Significant increases (statistically and clinically) baseline in self-assessment survey score gradient from well above final in surveys. Kruskal-Wallis (p < 0.000 is 95 Confidence



Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of DSMQ Recoded Survey Summative Score (Higher is Better) is the same across categories of DSMQ_GROUP.	Independent-Samples Kruskal-Wallis Test	.000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

Practice Implications

Motivate a group of diabetic patients toward a life-long change in their health behavior related to the management of Type 2 diabetes

. long-term Achieve behavioral change that will have a positive impact on the health behavior patterns of the participant and their family members.

The goal is decreased cost for the public, and improved health, and longevity for the target population.

Project intended to promote required leadership ability to facilitate learning and health literacy in a group of individuals affected by diabetes

Limitations

.Small sample size

Language barrier with the use of an interpreter, limiting direct communication between coach and participants

Participants displacement by natural disaster that affected attendance and punctuality

Lack of sufficient time to conduct project as planned

Participants' lack of transportation caused by natural disaster

Conclusion

Diabetes self-management education has a potential of improving self-management skills that could also impact families as a whole in achieving better outcomes in glycemic control

Provision of culturally sensitive and disease focused program promotes increased diabetic knowledge and behavior change with better disease management

Skills. It also represents a successful intervention toward Decreasing disparities and complications related to

Diabetes mellitus

(Naccashian,

2014; Yu, et al., 2014; Zeh, Sandhu, Cannaby, & Sturt, 2012)