



## Diabetes Self Management Classes for Hispanics in Southern Nevada, 2010-2012

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**OBJECTIVE** To provide free diabetes self management (DSM) classes for the Spanish-speaking and/or low SES individuals who either have diabetes. care for someone with diabetes, or are at greater risk of developing diabetes. From 2000-2008, only 50.1% of Hispanic Nevadans with diabetes attended a DSM education session (BRFSS and HP2010). Studies show people with diabetes who incorporate self management into their lives have improved A1C levels and improved quality of life (RWJ).

METHODS | The Southern Nevada Health District, with a sub grant from the Nevada State Health Division, conducted a Diabetes Self Managment (DSM) pilot program in English and Spanish at community centers and churches. A total of nine, six-session classes were given over a 2-year period. The program utilized the evidence-based Diabetes Conversational Maps® provided by Merck and Co., and activities from the National Diabetes Education Program's Road to Health Toolkit.

Topics included:

- healthy eating
- · monitoring blood glucose
- physical activity

Each participant received a binder with several handouts including a:

- · diabetes resource directory that includes low cost clinic information
- · pre survey and registration form
- Movimiento CD/DVD
- · post survey for completers

Incentives were provided to participants, and those who completed at least 4 out of 6 classes received a certificate of completion and a free trial gym membership to the YMCA. Pre and post surveys were administered. Participants who consented received 3 and 6 month surveys.



## **NEVADA DPCP LOGIC MODEL**

Diabetes	Sell-Ma	ınagemei	nt Educa	ition				
	PROCESS		OUTCOMES					
Inputs	Activities	Outputs						
CDC funds Merek US Convensation Nage? NN DFDS S. NV HARDS NNCC S. NV HARDS Observations Observations	1. Social marketing to take upon the comment of the	1. Nurther of types pooling white his case which case with the case wi	Southern Nevada thror This includes strategie	L horosad unbar drawn and the second	ment Education Program.			

STATISTICS | Total frequencies may vary between questions due to cases where participants did not answer a specific question. P-values which imply significance are marked by \*\*\*\*, where significance is implied when p-values are less than a threshold of  $\alpha = 0.05$ . Preliminary data were collected from Oct. 12, 2010 to July 21, 2012 and are subject to changes.

66 How confident do you feel that you will ask a doctor or other health professional for an A1C test twice per year? 99

	Ansv	wer Choice		Frequen	icy	Row I	Percen
Pre Survey	1: Not at all confident			35			34.
·	2			5		4	
	3			11		10.	
	4			9		8.	
	5: Tot	ally confider	ıt	43			41.
		Total		103			100.0
Post Survey	1: Not a	at all confide	ent	7			7.
	2			1		1.	
	3			4		4.0	
	4			13		13.	
	5: Totally confident			74		74.	
	Total			99		100.	
3 Month Follow-up	1: Not at all confident			3			6.
	2			0			0.0
	3			1			2.
	4			0		0.0	
	5: Totally confident			45		91.	
		Total		49			100.0
		Pre vs. Pos	-		-		
Test	Stat		ì-		Valu		
Signed Rank	S	-745.5		Pr>=ISI		.0001	***
					_		
		ey vs. 3 Mont	h Foll				
Test	Stat				Valu		
Signed Rank	S	-166		Pr>= S	0.	.0001	***

66 How confident do you feel that you can choose appropri ate foods to eat when you are hungry?

	Answ	er Choice		Frequer	icv	Row P	ercent	
Pre Survey	1: Not a	t all confide	ent	24			22.6	
		2				6.6		
	3			43		40.6		
		4			17		16.0	
	5: Tota	lly confider	ıt	15			14.2	
		Total		106			100.0	
Post Survey	1: Not a	t all confide	ent	7			6.8	
		2			3		2.9	
		3			10		9.7	
	4			30 53		29.1		
		5: Totally confident				51.5		
		Total		103			100.0	
3 Month Follow-up	1: Not at all confident			1		2.0		
	2			1			2.0	
	3			5 10		9.8		
		4				19.6		
		5: Totally confident			34		66.7	
	Total			51			100.0	
		Pre vs. Pos	-					
Text	Static		i		Value			
Signed Rank	S			r>=ISI		0.0001 ***		
			=		=			
		y vs. 3 Mont	h Foll					
Test	Statis		$\vdash$		Value		***	
Signed Rank	S	-307.5		Pr>= S	<0	0.0001	***	

66 I know what changes are important for better self man-

agement of n	ny diabe	etes.	"				
	Ans	wer Choice		Frequen	су	Row F	ercen
Pre Survey	1: Not at all confident			15			14.3
		2		4			3.8
		3		10		9	
		4		8			7.6
	5: Tot	ally confiden	t	68			64.8
		Total		105			100.0
Post Survey	1: Not	at all confide	nt	2			2.0
	2			1			1.0
	3			0			
	4			8			7.9
	5: Totally confident			90			89.3
		Total		101			100.0
3 Month Follow-up	1: Not at all confident			0			
	2			0			
	3			3			6.1
	4			4		8	
	5: Totally confident			42			85.7
	Total			49			100.0
		Pre vs. Pos					
Test	Statistic			Р			
Signed Rank	S	-303.5		Pr>=ISI	0.	0003	***
Test		vey vs. 3 Mont tistic	1 Foll		Value		
Signed Rank	S	-101	_	Pr>=ISI		0038	***
Signou hank	3	-101	_	17=13	0.	uuse	

66 How confident do you feel that you can participate in mod-

erate physical activity for at least 150 minutes per week?

Answer Choice Frequency Row Percent

	2 3 4 ally confiden	t	11 22 17 49			10.2 20.4 15.7
	4 ally confiden Total	t	17			15.7
	ally confiden Total	t				
	Total	t	49			
L: Not a						45.4
L: Not a			108			100.0
	at all confide	nt	5			4.9
	2		4			3.9
3		8			7.8	
	4		21		20.6	
5: Totally confident			64		62.7	
Total			102		100.0	
1: Not at all confident					8.2	
2					2.0	
					8.2	
					8.	
						73.5
Total			49			100.0
_	Dro us Dos			-		
Stat		_		Value		
	-314					***
		_				
		h Foll				
S	-92.5	- 5	Y>= S	0.	0666	
	5: Total	5: Totally confiden Total 1: Not at all confide 2 3 4 5: Totally confiden Total Pre vs. Pos Statistic 5: 314 ve Survey vs. 3 Mont Statistic	5: Totally confident Total :: Not at all confident 2 2 3 4 4 5: Totally confident Total  Pre vs. Post Statistic S 3144 1  S 3144 1	3 8 4 21 5: Totally confident 64 Total 102 2: Not at all confident 4 2 1 3 4 4 4 5: Totally confident 4 5: Totally confident 3 4 4 4 4 5: Totally confident 36 Total 49 Pre vs. Pest Stanton: p Stanton: p Stanton: p Stanton: p Stanton: p Stanton: p	3 8 9 21 5 10 10 10 10 10 10 10 10 10 10 10 10 10	3 8 8 4 21 5: Totally confident 64 Total 102  102 103 104 105 105 105 105 105 105 105 105 105 105

66 How confident do you feel that you will ask a doctor or other health professional for a dilated eye exam once per year?

			÷					
		wer Choice		Freque	ncy	Row F	ercent	
Pre Survey	1: Not	at all confide	nt	20			19.2	
		2			12		11.5	
		3			10		9.6	
		4			10		9.6	
	5: Tot	ally confider	t	52			50.0	
		Total		104			100.0	
Post Survey	1: Not	at all confide	nt	9			8.7	
		2		1			1.0	
		3		4		3.9		
		4			10		9.7	
	5: Tot	5: Totally confident			79		76.7	
		Total			103		100.0	
3 Month Follow-up	1: Not				2		4.2	
		2			0			
		3					2.1	
		4			1		2.1	
	5: Tot	5: Totally confident			44 48		91.7	
		Total					100.0	
		Pre vs. Pos	-		_			
Test	Stat	Statistic			o Value	:		
Signed Rank	S			Pr>= S  <0		1.0001	***	
			=		_			
		rey vs. 3 Mont	h Foli					
Test	Sta	tistic	_		p Value		***	
Signed Rank	5	-104		Pr>= S	0.	0052	***	

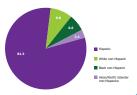
66I have set a goal or made a plan to start making changes in

	Answer	Choice	Frequency	Row F	ercent		
Pre Survey	Ye	25	82		77		
	N	0	8		7.		
	Not:	Sure	16		15.		
	To	tal	106		100.		
Post Survey	Ye	2S	97		95.		
	N	0	3		2.		
	Not Sure		2		2.		
	Total		102		100.		
3 Month Follow-up	Yes		46		93.		
	No		2		4.		
	Not Sure		1		2		
	To	tal	49		100.		
		Pre vs. I	Post				
Test	Statistic		p Value				
Signed Rank	S	158	Pr>= S	<0.0001	<0.0001 ***		
	Pre Sur	vey vs. 3 Mi	onth Follow-up				
Test	Stat	istic	p Value				
Signed Rank	S	28.5	Pr>=ISI	0.02	***		

## RESULTS

- . The majority of class participants (90%) were willing and able to start making changes in their daily lives to better manage their diabetes (health).
- · 95.1% of the participants who took both a pre survey and post survey reported having set a goal or made a plan to start making changes in their daily lives to better manage their diabetes (health).
- · 204 people attended at least one class; of which 192 people completed a pre survey and 110 completed a post survey.
- · 53 participants completed 4 of 6 classes and participated in 3 month follow-

Percentage of participants who completed a pre survey and a post survey by race/ethnicity









## CONCLUSION

- The Overall Intervention Goal was to decrease the burden of diabetes among the Hispanic and low SES populations over the age of 18 years in Southern Nevada through a Diabetes Self-Management Education Program. This includes strategies to increase diabetes self-management through advocacy for policy and environmental change.
- Locally, in Southern Nevada, because funding for this project was eliminated. we plan to continue providing technical assistance to community partners that wish to provide diabetes prevention and/or self-management classes and will support systems changes by bridging the gap between clinical and community health. SNHD is working on strategies to increase diabetes selfmanagement through advocacy for policy and environmental change.
- Challenges and barriers included lack of transportation, child care, literacy, competing time for appointments and family responsibilities, all of which could have been factors in number of completers of the program





