

# Diabetes Self Management Education: An Evidence-Based Project in a Rural, Faith-Based Community

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## Introduction

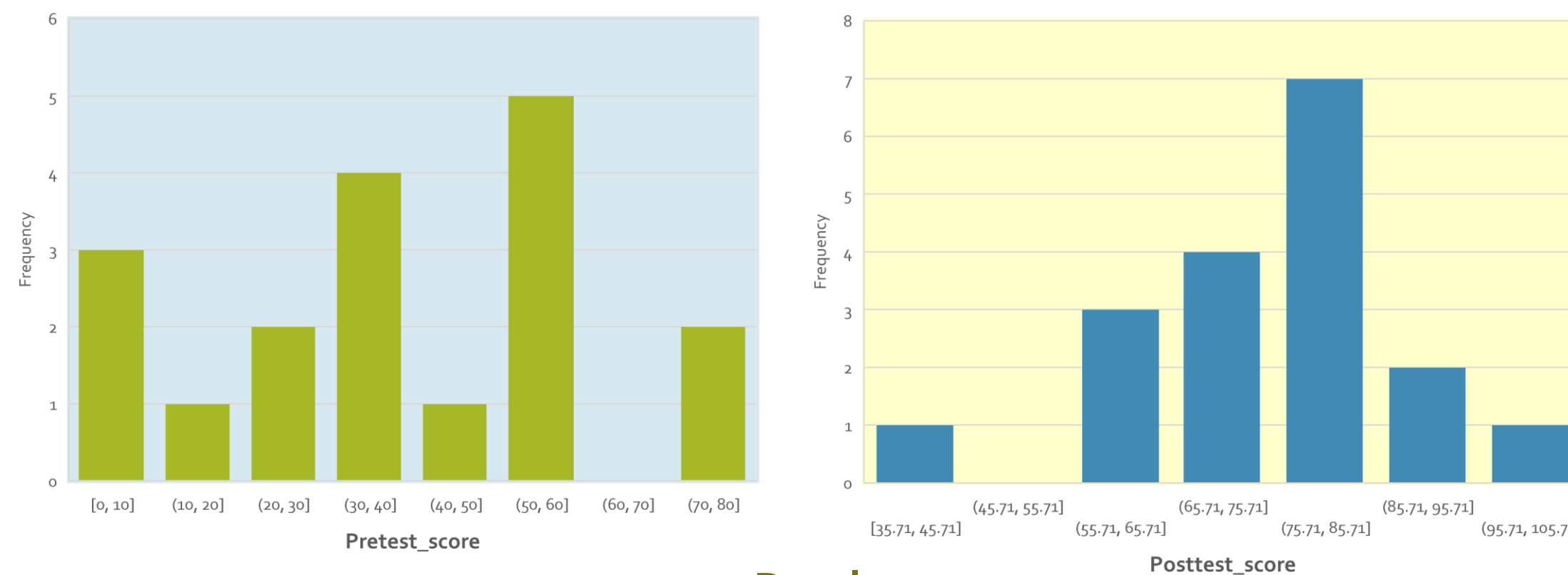
People who reside in rural communities are at high risk of diabetes complications due to limited access to health education. The health status of a community plays a large role in social and economic prosperity and must strive to continually improve and maintain its health. Faith-based interventions have been shown to improve health outcomes regarding reductions in weight, BP, BG, and lipid levels while increasing diabetes-related knowledge, physical activity, and improvements in healthy food choices. The purpose of this research was to examine the effectiveness of a faith-based diabetes education program in a rural community utilizing the framework of the ADCES 7 self-care behaviors which include healthy coping, healthy eating, being active, taking medication, monitoring, reducing risk, and problem-solving.

## Objectives

The objective was to examine the effectiveness of faith-based diabetes education of a one-hour education session for participants in a rural community along with their willingness to make a lifestyle behavior change: Will education improve participants' knowledge of the seven self-care behaviors and improve participants' willingness to make a behavior change?

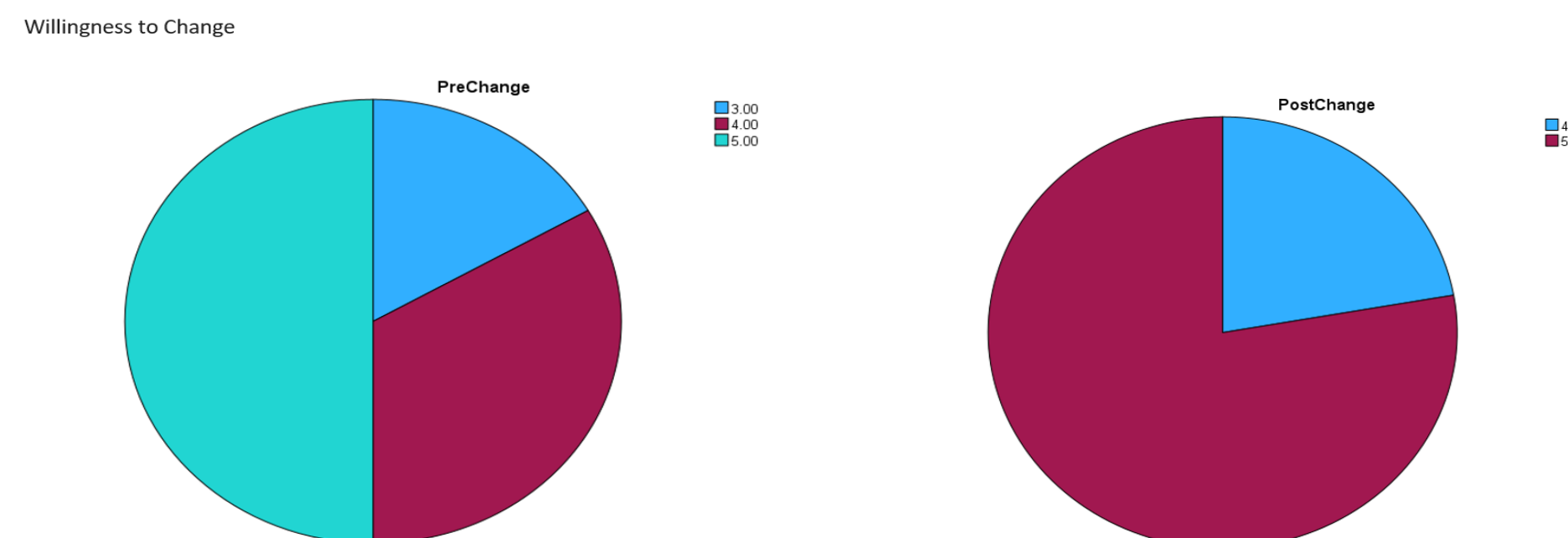
## Methods

The study was a quantitative, quasi-experimental, pre-post test design with the Diabetes Knowledge Test 2, convenience sampling of the adult population with a diagnosis of pre-diabetes or diabetes. The research took place from February 2023 to April 2023 in a rural community church setting and was led by a board-certified nurse practitioner who is also a certified diabetes education care specialist. The diabetes education consisted of one-hour sessions and was IRB approved.



## Results

A total of 18 participants enrolled and completed this study. The majority were female (77.8%), with ages ranging from 30 to 65+, and the largest majority in the completed high school education level group (66.7%). All participants were Caucasian residing in a rural community with the majority having a household annual income of \$50 to \$100K. There was a statistically significant improvement in post-test scores (mean +/- SD, 41.6 +/- 22.4 to 75.8 +/- 13.3) with a p-value of 0.001. Furthermore, there was a statistically significant improvement in the willingness to make a behavior change to improve their diabetes self-management with a p-value of 0.005 in the post-test utilizing a Likert scale.



## Conclusions

Many patients are unaware that there are effective preventative interventions that can help them prevent or delay type 2 diabetes. Providers are more likely to initiate patient conversations and referrals about diabetes self-management education when they know there are accessible and effective community programs available to support their patients. Since diabetes is a chronic condition that needs the mental and physical involvement of the patient for good outcomes, it is necessary to consider management approaches linked to spirituality and faith. Our research findings support the effectiveness of faith-based diabetes education programs in a rural community.

## Funding and Contact Information

The funding for this research was provided by volunteers of a rural community Baptist Church in Northwest Florida. The resources for continued faith-based self-diabetes management education would include volunteers from faith-based organizations and community members to host education sessions. Healthcare leaders are needed to educate on a volunteer basis which would be a free service offered by these professionals who are active in the congregation or the community. The total cost involved for this research was under \$100.



## References

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