

# Study finds tailored diabetes education programs can benefit African, Latin American women who are higher risk

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Certain ethnic groups, especially immigrant women, who are at higher risk of developing diabetes can benefit from diabetes self-management education programs that include components such as more frequent sessions and meetings with dietitians, finds a new study led by Ryerson nutrition professor Enza Gucciardi, a diabetes education expert.

A new study led by Ryerson University provides guidelines on how best

to deliver diabetes self-management education programs to women in Black/Caribbean and Latin American communities – gender and ethnic groups where diabetes is more prevalent.

"Studies have shown that diabetes education programs are effective in teaching people with [Type 2 diabetes](#) to manage their condition. What isn't known are which approaches work best with certain ethnic groups that are at higher risk," says Enza Gucciardi, a nutrition professor at Ryerson University and a leading expert in diabetes education. She is the lead author of the study published online in this month's issue of the journal *Patient Education and Counseling*.

The statistics speak for themselves. Studies show that while 10 per cent of North Americans have diabetes, it is more prevalent among the Black African, Caribbean and Latin American ethnic communities. In Ontario, the Black population has higher rates of diabetes (11.6 per cent) than their Caucasian counterparts (7.3 per cent). Recent immigrants from [Latin America](#) and the Caribbean have the second highest prevalence rates of diabetes (9.8 per cent) compared to long-term Ontario residents and recent immigrants from Western Europe and North America (5.2 per cent). In addition, Latin Americans and African Americans tend to have more complications arising from diabetes such as cardiovascular disease, severe damage to the [retina](#) ([retinopathy](#)) and end-stage [renal disease](#).

Although certain [ethnic populations](#) are more vulnerable to developing diabetes and related complications, this risk seems to be higher in women than men. African/Caribbean and Latin American [immigrant women](#) in Ontario have higher rates of diabetes compared to men from the same country.

Despite the greater [health risks](#) facing women with diabetes from these ethnic communities, there has been little research conducted to

determine the most effective strategies they can use to manage their illness, says the nutrition professor.

Gucciardi and her co-authors found five diabetes program features had the broadest positive effects:

1. hospital-based interventions where diabetes education programs were administered;
2. group interventions;
3. use of problem solving techniques;
4. frequent sessions; and
5. incorporating dietitians in self-management programs.

The researchers noted that most of these strategies were also recommended by national diabetes associations for the general diabetes population, especially group programming and nutrition counseling led by a dietitian, which demonstrates that they are beneficial to anyone managing their diabetes, not just the two ethnic groups they were studying.

"Based on our findings, health-care providers who work with women with Type 2 diabetes in the African/Caribbean and Latin American community should incorporate these features when creating diabetes self-management programs," says Gucciardi. "But at the same time, they need to tailor it to each individual's goals and preferences on what they want to achieve and how it can be delivered to be effective."

Provided by Ryerson University

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