Developing and Testing a Type 2 Diabetes Education Program Adapted for Marshallese Culture

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What was the research about?
Type 2 diabetes is a long-term health problem that causes blood sugar levels to rise. It is common among people from the Marshall Islands. Keeping blood sugar levels normal can help prevent damage to the heart, brain, eyes, limbs, and kidneys. Patients can manage diabetes by eating healthy foods, exercising, and checking blood sugar levels regularly.

In this study, the research team worked with Marshallese people living in Arkansas to adapt a diabetes education program. The new program included personal stories and analogies common in Marshallese culture. Patients with type 2 diabetes could invite family members to take part in the education sessions. Patients and family members worked together to set health goals.

The research team compared patients in the new program with those in a standard diabetes education program. The team looked at patients’

- Blood sugar levels
- Cholesterol levels
- Body mass index, or BMI, which measures body fat based on height and weight
- Diabetes self-care tasks, such as checking blood sugar levels and seeing a doctor

What were the results?
After one year, compared with patients in the standard program, patients in the new program

- Had lower blood sugar levels
- Were more likely to check their blood sugar levels regularly

Patients in the two programs didn’t differ in cholesterol levels, BMI, or other diabetes self-care tasks after one year.

Who was in the study?
The study included 221 Marshallese adults with type 2 diabetes living in Arkansas. The average age was 52, and 59 percent were women.

What did the research team do?
The research team worked with Marshallese adults to create the new program. Then the team assigned patients by chance to the new or the standard program. Both programs included 10 hours of diabetes education on topics like healthy eating, exercise, checking blood sugar, and setting health goals.

In the new program, a trained community health worker led eight weekly 75-minute sessions in patients’ homes in the Marshallese language. Community health workers are trained to teach people about health and link people in their community with health and social services. In the
standard program, patients went to six weekly 100-minute sessions at a local community center without their family members. A trained diabetes educator gave sessions in English with help from an interpreter.

People from the Marshallese community and healthcare providers were members of the research team.

What were the limits of the study?
The study included Marshallese adults in Arkansas. Results may differ in other places or for people of other backgrounds. The two programs differed in many ways; the research team can't be sure which parts of the program led to the results.

Future research could test how the new program works for other groups of Pacific Islanders.

How can people use the results?
Health centers that serve Marshallese patients can use these results when considering diabetes education programs.

To learn more about this project, visit www.pcori.org/Kohler223.