

TABLE 5

AADE7 Diabetes Self-management Factors and the Diabetes Educator's Role in the Care of Minority Individuals²²⁻²⁴

	HEALTHY EATING	BEING ACTIVE	MONITORING	TAKING MEDICATION	PROBLEM SOLVING	REDUCING RISK	HEALTHY COPING
Description	Making healthful food choices is at the core of diabetes management. Patients must understand portion sizes and be able to select appropriate meal times, especially in regard to blood glucose monitoring.	Regular physical activity helps patients achieve or maintain overall fitness, weight management, and glycemic control to either prevent or manage diabetes.	Practicing daily self-monitoring of blood glucose allows patients to adjust their diets, physical activity, or medication regimens to better control their blood glucose levels. Monitoring also includes blood pressure and weight checks.	Clients must understand their medication regimens and follow them to achieve the best results. Forgetting or refusing to take medication can be a detriment to the health of those with diabetes.	Clients must always solve problems, even decades after their initial diagnoses because new complications arise with time, age, and the patients' circumstances (eg, living situations, stress, and activity levels).	To prevent the progression of diabetes and its comorbidities, clients should reduce or eliminate lifestyle factors that are known to increase risk of disease (eg, smoking, overweight, and obesity).	Stress negatively affects individuals' ability to manage their diabetes care due to decreased motivation, which leads to broken commitments. Psychosocial distress makes coping difficult and creates insurmountable barriers, even if the patients have good intentions.
Diabetes Educator's Role(s)	Encourage clients to attend classes on diabetes-related topics (eg, sources of carbohydrates and fat and meal planning). Teach clients how to interpret food labels, count carbohydrates, make healthful meals, portion foods, and moderate fat intake for weight control.	Collaboratively develop a client-centered physical activity plan that takes into account diet and medication(s).	Conduct diabetes education classes related to monitoring that teach patients important concepts such as timing and frequency of testing, targeting glucose values, and interpreting and using results.	Educate client on each drug's actions, side effects, prescribed dosage, timing and frequency of administration, and the effects of skipping a dosage. Educate clients on how to inject insulin, if applicable.	Collaboratively develop coping strategies and reduce or eliminate barriers to health with clients.	Assist clients in gaining knowledge about standards of care and therapeutic goals for diabetes. Goals may include smoking cessation and receiving regular eye, foot, and dental examinations.	Encourage patients to express their concerns and fears to better understand them. Offer new ways for clients to cope, which helps reduce barriers to achieving their goals.
Cultural and Social Considerations	Clients are more likely to follow a healthful diet if it includes familiar foods. Thus, the diabetes educator should understand and suggest food choices common to the client's culture.	African Americans and Hispanics may not value exercise. In fact, non-Hispanic African Americans are 1.3 times more likely not to meet federal guidelines for physical activity than non-Hispanic whites. Therefore, the diabetes educator should emphasize physical activity the client enjoys, such as dancing or other group activities.	Classes on monitoring must be tailored to the client's lifestyle and socioeconomic status. For example, educators should not recommend phone apps or websites to monitor eating if clients do not have those technologies.	Sometimes African Americans and Hispanic Americans avoid taking medication, believing alternative methods will be cheaper or more effective. The diabetes educator and other members of the health care team must therefore determine the underlying reasons a client is noncompliant with the regimen, and tailor interventions accordingly.	Some minorities may prioritize the family's needs over their own. Therefore, RDs must remind clients to focus on taking care of themselves to avoid complications they've seen in family or friends.	Weight loss can have negative implications for Hispanics and African Americans. Mexican Americans idealize a fuller figure, seeing it as a sign of health, and weight loss as a sign of illness. Therefore, RDs should work to uncover the clients' motivations, then explain how losing weight will improve diabetes management to achieve those goals.	RDs can foster family support by asking the family to avoid judging or scolding their family members, stop buying sodas or other unhealthy foods, and find activities they can do together with the client, such as daily walks.