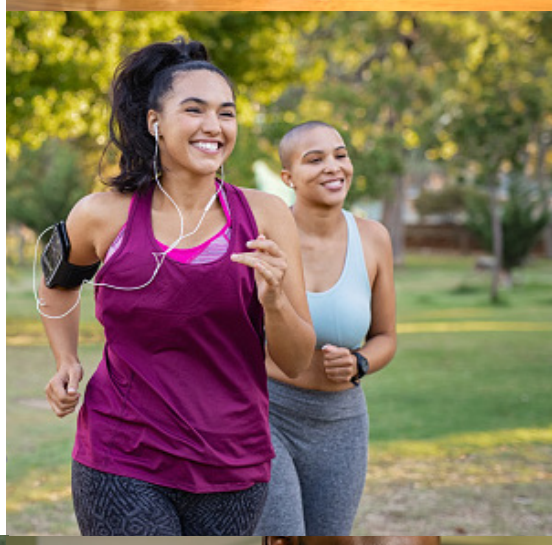



Diabetes Among African Americans/ Blacks in the United States






PART 2: Three case studies

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This is the second module in a three-part series. This edition offers insights into the following:

- Three Diasporas of the African American/Black Community
    - Explores African American/Black cultures, religions, beliefs and perspectives
- Impact of Diabetes on Population Health
    - Provides clinicians with approaches to assess and address various social determinants of health (SDoH) to provide meaningful solutions
    - Reviews challenges affecting morbidity, mortality and well-being

Presented by the African American/Black Enterprise Resource Group in partnership with the Health Equity Council, Consumer Health Engagement, and Clinical Program & Operations.

Objective:

These case studies are intended to educate and create inclusive conversations regarding inequities. It is our aim to create solutions leading to positive change by reducing African American/Black health disparity gaps.

CASE STUDY 1:

DANTE IBRAHIM

Age: 42 years old
Occupation: Civil engineer
Family: Married with two children

Managing Diabetes

I have a great support system of family, friends and fraternity brothers. We spend weekends together enjoying social outings. At age 28, I was diagnosed with high blood pressure. I was also diagnosed with diabetes mellitus (DM) at age 35. Upon being diagnosed, I became avid in managing my DM and visited a Certified Diabetes Care and Education Specialist (CDCES). With instruction, I created a regimen. It included learning how to check my blood glucose levels and taking my DM medications (metformin and glipizide) as prescribed. I began exercising two hours per day, five days per week and included cardio and strength training in my exercise routine. I also started eating healthy and well-balanced meals. I had a really great start to controlling my diabetes, but with so many of life's realities, my new habits didn't last long.

Due to work-life balance and inequitable workplace challenges, I've been unable to maintain my healthy eating habits, prescribed DM monitoring regimen and active lifestyle. I work 50-plus hours per week, including nights and weekends. In contrast, my peers typically work a standard 40-hour workweek. Therefore, I have resorted to late-night and emotional eating, as well as fast foods for my nutritional intake.

While I enjoy supporting and participating in my son's extracurricular activities, lately I have been unavailable. These matters are taking a physical and psychological toll on me, resulting in stress and family discord. In order to remain competitive and valued in the workplace, I feel torn. I am looking for assistance to meet my health, family, social and occupational needs.

African Americans, Native Hawaiians and Latin Americans have been impacted greatly by hypertension and diabetes due to chronic stress resulting from discrimination.[1]

Health Coach Observation

Dante monitors his blood glucose level two to three times per week. Unfortunately, he struggles to adhere to his medication regimen and only takes his DM medication two to three times per week as well. Due to his busy schedule, he eats once or twice a day, and while he does attempt to include salads and/or vegetables in his diet, he primarily snacks or eats fast food. Dante is second-generation Sudanese, and three nights per week, his wife cooks Sudanese meals. With such inconsistent eating habits as well as his lack of activity and his inconsistent medication use, Dante's A1c increased from 6.1 to 8.0 in one year. It is also important to note that Dante follows the Muslim religion and observes Ramadan.
To learn more about Ramadan, refer to page 22.

Dante's Typical Diet

- **Breakfast**
  - **24 oz.** coffee
- **Lunch**
  - Breaded chicken sandwich
  - **1½ cups** side salad
  - **16 oz.** sweet tea lemonade mix
- **Dinner**
  - **2 cups** Kawal soup with porridge
  - **2-6 in.** Kisra bread
- **Snacks**
  - None

Goals and Recommendations

DANTE COMPLETED 12 HEALTH COACHING SESSIONS

FOCUS AREAS	ACTIONS TAKEN/PLANNED ACTION
Blood Glucose Management	› Dante initiated action by tracking and monitoring blood glucose level on his smartwatch/app › Dante brings blood glucose level results to his endocrinology (ENDO) appointments
Dietary Modifications	› Dante discusses strategies to improve his dietary behaviors with his wife - Increase home-prepared meals versus dining out - Prepare healthy items for lunches and snacks at work - Choose health conscious meal selections on weekly date nights - Eat lunch away from desk during the workday
Physical Activity	› Add frequent, short-interval exercise breaks during the workday › Exercise with family
Work-Life Balance	› Spend quality time with son › Meet with supervisor to balance work priorities › Increase work efficiency by taking breaks
Sleep	› Dante noticed improved sleep/sleep quality after discontinuing work by 9:00 p.m.
Overall Assessment	› With lifestyle changes, Dante reports a significant decrease in daily stress levels. Most notably, Dante's A1c level decreased from 8.0 to 7.0.

DIETARY GOALS

- Reduce sweetened, high-caloric caffeinated drinks
- Increase fruit and vegetable intake
- Reduce fast food and salt intake by eating home-prepared meals
- Prioritize and adhere to carbohydrate (carb) counting and food portion control

MEDICAL GOALS

- Return to daily blood glucose monitoring
- Take DM medications as prescribed
- Schedule next visit for A1c and other labs
- Discuss with ENDO any medication adjustments and A1c and/or other lab testing frequency
- Monitor and log blood pressure readings for discussion with doctor

EXERCISE GOALS

- Take stairs instead of elevator and/ or take 10-minute walks during breaks
- Walk up to 30 minutes three days per week
- Play sports with son twice a week

STRESS GOALS

- Set work-life balance parameters
- Create opportunities to socialize with family and friends (e.g., date night, fraternity outings, etc.)
- Eat together as a family twice a week

Obesity is a public health crisis in the United States. It disproportionately affects the African American community at a rate of 45% versus 30% for Caucasians.[2]

Sudanese Diet and Implications

While African American diets are diverse in nature, the foods discussed below relate to Sudanese people living on the continent of Africa. Sudanese living in America may eat a wide variety of foods. They may combine Western cultural eating patterns with familiar meals relative to their ancient cultural and dietary customs.

Historically, the Sudanese diet has had emphasized meats. With economic and environmental factors, Sudanese in Africa have increased their reliance on vegetable and grain food sources versus meat. Other factors impacting the Sudanese include food insecurity and poor food quality. Families with lesser economic means may enjoy *ful* (a dish with fava beans, cooked in onions and tomato and garnished with feta cheese, cumin and sesame oil). They also enjoy bulky legume-based meals such as adas, which is red lentils cooked into a thick soup with cumin, garlic and lime juice. These inexpensive meals are typically consumed twice a day, with long intervals between meals. Other primary low-cost food sources include dried beans and sorghum. These meal types have limited variety and are frequently rationed to ensure enough food for all family members.

Native Sudanese Meal

- **BREAKFAST**
  3 – 5 oz. chopped liver flattened and cooked over coals or baked in the oven
  2 cups of non-starchy vegetables of choice
  OR oven-baked falafel balls served over a salad or stuffed inside half of a small pita
  8 - 16 oz. of freshly ground coffee with ginger, cardamom and cinnamon

- **LUNCH (SMALL PORTION)**
  Chicken shwarma kebab or falafel
  Vegetable – Side salad
  16 oz. unsweetened tea or lemonade

- **DINNER**
  Leftovers from breakfast or lunch
  OR *ful* with salad and hard-boiled egg
  Unsweetened coffee or tea

- **DIETARY TIPS/REMINDERS**
  Baked versus fried
  Chicken versus lamb

Tips to Effectively Work with Dante

› Assess

- Stressors and their impacts on his health
- Cultural and religious beliefs and how they influence customer's dietary and life-style behaviors
- Current sleep regimen. Recommended goal of 7–9 hours of sleep per night. Discuss sleep/sleep quality barriers [i.e., light exposure]
- Previous health habits: reviewing customer's engagement with medical support team [i.e., ENDO and CDCES] regarding medications, dietary modifications and glucose management

› Encourage

- Make informed eating decisions by reading food labels when grocery shopping. Offer educational support to assist customer in selecting food choices promoting healthy ingredients
- Select healthier choices when dining in restaurants, review menu food options from customer's favorite and/or new restaurants
- Focus on healthy meal planning: 45–60g of carbs per meal, increase fiber intake, eat non-starchy vegetables, whole grains, as well as ensure adequate hydration [i.e., water intake]

› Explore

- Perceived stressors: examine his view of workplace unconscious bias and/or other work environmental challenges
- Support system [i.e., family, friends, social, etc.]: is it existent and/or nonexistent to assist in achievement of healthy-living behavior?
- How stress affects the mind and body: reinforce the importance of seeking and engaging in behavioral support activities [i.e., ask for help, meditation, exercise, music, etc.]

African Heritage Diet Pyramid

Educational Materials about Diabetes

- **Diabetes and Activity:** What's In Your Way?
- **Diabetes:** How to Manage Your Blood Pressure
- **Diabetes:** Managing Changes In Your Routine
- **Stress and Diabetes**

Workplace stressors had the largest impact on non-Hispanic black men with less than **12 years of education**: their life expectancy decreased about **1.7 years.**[4]

CASE STUDY 2:

ERNESTINE JACKSON

Age: 60 years old
Occupation: Inner-city elementary school chef
Family: Widow with daughter and grandchildren

Typical Workday for Ernestine

TIME	ACTIVITY
3:30 AM	Wakes up
4:30 AM	Arrives to public transportation location for pick-up
5:30 AM	Arrives at work/workday starts; work requirements include standing for nine hours per day and lifting heavy pots and pans
2:00 PM	Workday ends
4:00 PM	Returns home

MANAGING DIABETES
In order to holistically assess Mrs. Jackson's needs, we will examine her story from an SDoH perspective:

FOOD
My daytime dietary pattern consists primarily of eating school breakfast and lunch. Dinner, after hours, includes leftovers from foods I prepared on the weekends. While many of my meals include vegetables and meats, they are often prepared with meat-fat products, salt and sugar [i.e., fried and/or red meats, sweetened vegetables, vegetables cooked with pork, and bread and/or white flour]. Annually, I participate in the Daniel Fast with my church family.

HOUSING/UTILITIES
To assist my daughter, I care for my grandchildren after work and throughout the evening. Once my daughter comes home and is available, I go to bed around 9:00 pm

TRANSPORTATION
I rely on public transportation for all of my transportation needs. This includes work, church and doctor appointments.

MEDICAL/BEHAVIORAL HEALTH SUPPORT
I have a strong support system through my church. The church family has been very helpful since I lost my husband to heart disease three years ago.

I take insulin to manage my diabetes and monitor my blood glucose level three to four days per week. I also take medication to manage my coronary artery disease (CAD) and diabetic neuropathy. When I go to my doctor, I frequently leave with more pills and questions about why I need the different medications. During my visits, my doctor often spends time talking about things that are not related to my concerns, and I feel ignored because we don't talk about questions I have related to my medical conditions or how to help me improve my health. Although he recommends exercising and eating better, he does not show or tell me how to do these things. This combination leads me to believe my doctor is not really interested in my health, which has lead to trust issues.

In order to go to my doctor appointments, I must request PTO (paid time off) from my job. The maximum amount of PTO allowed is two weeks. Therefore, I have to determine when it is best to go to the doctor and take time off for vacation and/or other family-related matters.

Health Coach Observation

Ernestine should attempt to schedule doctor appointments on school holidays rather than use her PTO; in addition, she should talk with her doctor and/or nurse for support in medication management; if she is uncomfortable with her current provider, the recommendation is to seek out an doctor whom Ernestine perceives to be culturally sensitive to her needs. She could also consider telehealth options. Ernestine should closely monitor her blood glucose level during the fast and follow up with her doctor as needed to adjust insulin due to her risk for hypoglycemia. Ernestine often meets with her church family to exercise and engage in religious activities. She expressed an ability to adhere to fasting, but once the fast is completed, she reverts to regular eating habits. To learn more about the Daniel Fast, refer to page 22.

Ernestine's Typical Diet

BREAKFAST AT WORK

2 hash browns
1 cup eggs
1 slice of bacon
1 slice wheat toast with butter and jelly
Coffee with cream and sugar substitute

LUNCH AT WORK

Oven-baked breaded fish fillet on sesame seed bun
2 tbsp. tartar sauce
1 cup baked beans
½ cup seedless grapes
Water

DINNER

2 baked chicken thighs
¾ cup macaroni salad
¾ cup string beans
1 white dinner roll with butter
12 oz. sweet tea

DIETARY GOALS

- Discussed carb management [i.e., carb counting and amounts per meal]
- Provided CDCES literature for dietary support
- Reviewed meal planning, discussed current food choices and created healthy substitutions for favorite foods

MEDICAL GOALS

- Develop symptom action plan with new ENDO to understand hypo-or hyperglycemia signs, symptoms and treatment
- Create current Rx and health concerns list to give to new ENDO during visits
- Ask ENDO or nurse to show how to administer insulin
- Ask ENDO or nurse to show how to check blood sugars

EXERCISE GOALS

- Walk at least 30 minutes, three days per week

STRESS GOALS

- Allow time for stress-releasing activities
  - Movie night with daughter/ grandchildren once per week
  - Self-care activities
  - Religious activities

Compared with those with proficient health literacy, adults with low health literacy experience

4X higher health care costs

6% more hospital visits

and longer hospital stays **(up to 48 hours)**[5]

African American Diet and Implications

The typical African American diet has its origins dating back to slavery and the Great Migration. Though common foods among the population exist, there are varying eating patterns based on availability and affordability of certain food items within a location [see Exhibit A on next page]. Traditional foods of the rural South have been viewed as symbols of African American identity. Side meats in this area were fried and served with cornbread on most occasions.[6] The mid-Atlantic had a diet inclusive of grains, expanded pork items and cornstarch. Interestingly, sweet potatoes and leafy greens, such as collards and mustard, were basic to the "soul food" tradition in most areas. Within the middle-class urban communities, there was ample access to a variety of protein and energy sources, so these communities were considered to have a more balanced diet.

In summary, the African American diet was built upon cultural influences from African and West Indian heritages. Due to cooking methods and consumption of meats and baked goods, meals of this population have a tendency to be high in fat and sodium, but low in fiber, calcium and potassium. Economically disadvantaged groups may also have to resort to eating what is available at the lowest cost.[6]

Goals & Recommendations

ERNESTINE COMPLETED 16 HEALTH COACHING SESSIONS

FOCUS AREAS	ACTIONS TAKEN/PLANNED ACTION
Culturally Sensitive Care	› Recommended Ernestine build rapport with her ENDO or find new ENDO › Provided list of in-network ENDOs and CDCESs › With care from newly selected ENDO and CDCES, Ernestine decreased her A1c from 9.2 to 7.5
Diabetes Education	› Medication counseling with new providers resulted in Ernestine understanding rationale for medication usage and how prescriptions manage her diabetes › For Rx cost savings, new ENDO switched Ernestine from brand to generic, and RX consult with Ernestine increased medication knowledge and adherence › Information offered about ability to have medications delivered directly to her home › CDCES provided nutritional counseling › Coaching provided for management of neuropathy, foot care
Medical/Behavioral Health Support	› Recommended telehealth as an alternative to in-office visits to reduce the need to use PTO

Ernestine's Recommended Diet

BREAKFAST AT WORK

1/2 cup eggs
1 slice Canadian bacon
1 slice wheat toast with **1 tsp** of trans-free margarine or butter and sugar-free jelly
Coffee with cream or nondairy alternative (almond/coconut milk) and sugar substitute

LUNCH AT WORK

Oven-baked breaded fish fillet (no bun)
1 tbsp. tartar sauce
Small salad with lite vinaigrette salad dressing or non-starchy vegetable [i.e., collard or mustard greens]
1/2 cup seedless grapes
Water

DINNER

1 baked chicken thigh [without skin]
1 cup string beans or non-starchy vegetable of choice
1 small sweet potato, with optional 1 tsp. trans-free margarine or butter
Unsweetened tea or water
12 oz. sweet tea

Nearly 36% of adults in the United States. have low health literacy, with disproportionate rates found among lower-income Americans eligible for Medicaid. Individuals with low health literacy experience greater health care use and costs compared with those with proficient health literacy.[7] According to Healthy People 2020, individuals with low health literacy are twice as likely to report poor health status.[8]

Health literacy is a national priority affecting approximately **9 out of 10 English-speaking adults** in the United States.[9] It is associated with rising health care cost as well as increased morbidity and mortality.

EXHIBIT A

Historic Examples of Typical African American Foods

RURAL SOUTH

- Pork products [i.e., bacon and salt pork]
- Sweet potatoes
- Cornmeal, flour

MID-ATLANTIC

- Pork products [i.e., bacon and pork shoulder, ham], fish
- Sweet potatoes, rice, macaroni, oat flakes
- Cornstarch

MIDDLE-CLASS URBAN COMMUNITY

- Meats [fresh beef, pork sausage, lamb, mutton, fish]
- Sweet potatoes, white potatoes, beans
- Wheat flour
- Cabbage, tomatoes, apples, oranges

Tips to Effectively Work with Ernestine

Assess

- Opportunities for collaboration between customer and health care providers
- Barriers to medication adherence. Introduce alternative and cost-effective medication options [e.g., Home Rx delivery, generics and manufacturer coupons]
- Daily eating habits: provide suggestions on how to make healthy versions of favorite meals [i.e., ingredient substitutions]. Educate regarding portion sizes and meal frequency
- Customer's grocery shopping habits. Recommend shopping on the outer perimeter of grocery store for fresh, higher nutritional content items. Take advantage of coupons and sales on high nutrient selections and shop at farmers markets

Encourage

- Keep a food journal to evaluate eating patterns. Discuss potential barriers [i.e., cooking methods, meal preparation, individual meal versus family meal planning]
- Write down questions and concerns prior to health care visits to discuss with health care providers. Explore customer's current knowledge about diabetes management

- Have honest dialogue with health care providers about finances and lifestyle to maximize health improvement. Discuss customer's long-and short term health goals along with their motivation level for lifestyle changes
- Monitor sodium (salt) intake. Ask about current flavoring methods and offer to modify accordingly. Educate on salt-free alternatives for flavoring foods [e.g., herbs]

› Explore

- Customer's perceived stressors. Assist customer in identifying problem-solving techniques to minimize controllable stressors [i.e., time management: ask for help and implement age-appropriate task delegation to grandchildren as applicable]
- The key to successful nutritional behavior change is addressing stressors. Engage in resources to mitigate potential food insecurities, as well as promoting social service programs for seniors with limited income. These approaches have a high potential to reduce risk factors and promote maintaining learned healthy behaviors
- Community resources [e.g., Aunt Bertha, meal service programs, local support groups, wellness benefits, etc.]
- Examine and address dietary challenges often seen in elderly populations. Assess for sensory challenges [i.e., diminished sense of taste or smell; adversity to certain food textures, loss of appetite, polypharmacy side effects and remembering to eat]
- Explore cultural food traditions. Discuss family recipes and offer suggestions on how to reduce calories, carbs and fat without compromising flavor

CASE STUDY 3:

SIENNA ST. JOHN

Age: 24 years old
Occupation: Social services case manager

Managing Diabetes

At the age of 21, I was diagnosed with type 2 diabetes. I monitor my glucose daily and take oral and injectable DM medications as prescribed. Typically, I eat breakfast on the go and usually work through lunch. Dinner is frequently take-out, though I cook on occasion. Before and after dinner, I engage in mindless snacking. I would describe my job as high stress. Being a sexual abuse survivor, the work often evokes emotional discomfort within me as I assist customers who have experienced various disparities and traumas like mine. Due to my work schedule, I am unable to engage in a consistent exercise routine. On weekends, I participate in community activities. I sleep six to eight hours per night but experience insomnia most nights, waking at least two to three times per night. I see my ENDO quarterly. Last year, I attended two to three CDCES sessions. On my most recent ENDO visit, I explained to my doctor I had discontinued carbohydrate counting. I feel it is visually easy to estimate the amount of carbs I consume daily. My ENDO asked if I had experienced any recent changes in my life since my last visit. I informed him I have taken on a new role at my job. He noted my A1c had increased to 9.0 from 7.5 since my last visit. It was at that moment I recognized I needed DM management support. While I monitored my glucose, ate regularly and took my medications as prescribed, it was insufficient. Therefore, I became interested in diabetes health coaching.

Health Coach Observation

During a counseling session, Sienna revealed she was a sexual abuse survivor. The traumatic event was the impetus that lead her to pursue a career in social services. She has a passion to help others who have experienced similar types of events. Sienna admits certain work cases trigger an emotional response. Therefore, she uses food [i.e., mindless snacking] as a coping mechanism. As Sienna has not routinely exercised since graduating college two years ago, she has experienced a significant weight gain of 50 pounds.

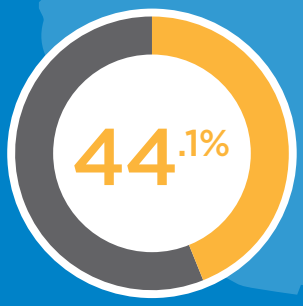
This weight gain is concerning. Sienna's support system is limited. She only has a few family members and college friends. Her family is from Jamaica, and she recognizes it is a belief within most Jamaican families that behavioral health matters are better addressed within the family instead of professional services.

Sienna's Typical Diet

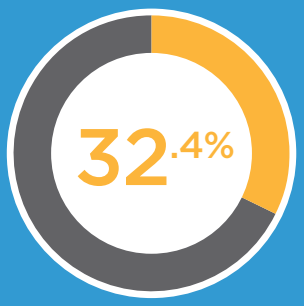
- **BREAKFAST**
  - **1.5 cups** of ackee and codfish
  - **1** fried plantain
  - **16 oz.** coffee with 3 creamers and 3 packets of sugar
- **LUNCH AT WORK**
  - **3 cups** of salad with turkey and ranch dressing
  - **32 oz.** diet lemon-lime soda
  - **1 cup** cheese-flavored cracker snacks
  - **4** coconut cookies
- **DINNER**
  - **1.5** servings curry chicken thighs
  - **3/4 cup** rice
  - **3 oz.** potato [cooked within curry dish]
  - **1 cup** callaloo [collard greens]
  - **2** fried biscuits
- **SNACKS (after work/after dinner)**
  - **2-3 oz.** beef patty
  - **6-in.** coco bread

Obesity resulting from excess calorie intake and physical inactivity over time is associated with diabetes.

In the United States,



African Americans,



Caucasians

Mexican Americans

are classified as obese.[10]

Goals & Recommendations

SIENNA COMPLETED 6 HEALTH COACHING SESSIONS

FOCUS AREAS	ACTIONS TAKEN/PLANNED ACTION
Blood Glucose Management	› Initial A1c: 9.0 › Current glucose range: 190–240 › Follow-up glucose range: 170–200 › Next A1c has been scheduled for next month; Sienna to follow up with result
Behavioral Health Emotional Support	› Generalized anxiety disorder 7 (GAD7) and Customer Health Questionnaire-9 (PHQ9) were completed and scores were elevated; Sienna declined co-management with behavioral case manager › Discussed employee assistance program (EAP) benefits and behavioral telehealth options; Sienna has had a few therapy sessions › Sienna explored additional emotional support options, including “The Safe Place” app, “Therapy for Black Girls” podcast, and Talkspace: listening opportunities for when she experiences triggers › Goal: build rapport with customer
Dietary Modifications	› Initial weight: 200, with a BMI of 36.6 › Since coaching started, Sienna has lost 8 pounds and is very pleased with the progress that she has made on her weight loss journey. › Sienna has agreed to increase fruit and vegetable intake to one to three servings per day

DIETARY GOALS

- Keep digital food journal: count calories and carbs
- Increase consumption of fruit and vegetables
- Finish meals by 7:00 pm and gauge hunger versus thirst after cutoff
- Reduce sweetened beverages
- Increase water intake to 64 oz. per day

MEDICAL GOALS

- Attend ENDO appointments as scheduled
- Determine plan for A1c monitoring due to current high A1c level
- Discuss with ENDO the recommended frequency to check blood glucose

EXERCISE GOALS

- Walk 20 to 30 minutes at least three days per week

STRESS GOALS

- Explore EAP benefits
- Learn about therapy by a licensed professional counselor and how therapy is covered by health insurance.
- Take a lunch break away from desk at least two days per week
- Journal feelings nightly, and discuss trends with therapist

Sienna's Recommended Diet

- **BREAKFAST AT WORK**
  3 – 4 oz. ackee and baked codfish
  1 piece of whole wheat toast
  1 cup of berries
  16 oz. coffee with 3 unsweetened low-fat creamers or nondairy alternatives (almond/coconut milk)

- **LUNCH AT WORK**
  3 cups salad with 3 oz. grilled turkey and **2 tbsp.** lite ranch dressing
  5 – 6 crackers
  12 oz. diet Sprite

- **DINNER**
  3 – 4 oz. grilled curry chicken thighs [without skin]
  1/4 cup cooked rice
  1 cup callaloo
  or **1 cup** Jamaican steamed cabbage

- **SNACKS (after work/after dinner)**
  1 Jamaican jerk shrimp with pineapple mango sauce

Jamaican Diet and Implications

Jamaica's history consists of cultural integration due to both Spanish and British control, which brought Africans who were enslaved to the island.[10] The combination of cultures has resulted in traditions incorporating flavors and foods from all over the world.[11]

In Jamaica, as well as other Caribbean islands, consumers have anecdotally noted the comparatively high cost of healthy versus unhealthy foods. This is a significant factor influencing the population's food choices. It is noted that healthy meat options are substantially more expensive. Vegetables are also subject to increased consumer cost.[12]

Generally speaking, Jamaican dishes are calorically dense, fried and high in carbohydrates [e.g., yams, potatoes, dumplings, breadfruit, bananas and cornmeal].

Tips to Effectively Work with Sienna

› Assess

- Beliefs and knowledge regarding calorie counting and carb monitoring, and the effects stress has on diabetes
- Behavioral eating patterns. Identify methods to modify behaviors: [e.g., eat slowly, put fork down in between bites, schedule meal and snack times, gauge hunger and designate a specific eating area]
- Exercise habits: short interval approaches to burn calories, improve stress levels and assist in improving blood glucose level

› Encourage

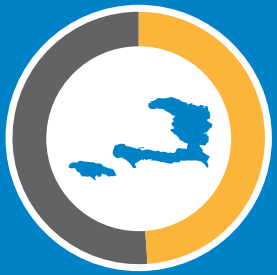
- Therapy: its value for stress reduction and ability to identify root cause of stress triggers
- Discussion about how calorie and carbohydrate choices impact blood glucose levels and weight loss goals
- Customer to express emotions
- Be comfortable with silence when Sienna speaks openly about her feelings

› Explore

- Beliefs about behavioral health treatment
- Discuss realistic timeframes for treatment: be mindful that healing takes time
- Customer's relationship with food [i.e., emotional eating]. Questions: Does customer gravitate toward food when feeling happy, sad, stressed or bored? Does food provide comfort?
- Ask open-ended questions to generate an enhanced customer response
- Suggest continued follow-up care with ENDO and CDCES

Many Black immigrants in the United States are from Africa. Africans make up **39%** of the overall foreign-born Black population.[11]

49% of all foreign-born Blacks in the United States were from the Caribbean, primarily Jamaica and Haiti.[11]



Diabetes in Non-Hispanic Blacks

- In 2016, non-Hispanic Blacks were **3.5 times** more likely to be diagnosed with end stage renal disease than non-Hispanic Whites.
- In 2016, non-Hispanic Blacks were **2.3 times** more likely to be hospitalized for lower limb amputations than non-Hispanic Whites.
- In 2017, African Americans were **2.0 times** as likely as non-Hispanic whites to die from diabetes.[12]

Educational Materials for Diabetes

- **Diabetes and Activity:** What's In Your Way?
- **Diabetes:** Create a Plan to Lower Your A1c
- **Diabetes:** Tips for Healthy Snacks
- **Diabetes:** Tips for Planning Meals: Stress and Diabetes
- **Diabetes and Depression:** What's the Connection?

APPENDIX

Ramadan

Traditionally, Ramadan is observed by fasting from dawn to dusk. Participants meet for prayers at mosques and to spend time with friends and family. During Ramadan, two meals are eaten per day: before dawn and after sundown. Religion restricts alcohol and foods such as pork, any carnivorous animal, birds of prey and animals without external ears (with the exception of seafood).

During Ramadan

Meal before dawn can consist of:

- Falafel – chickpea flour rolled with natural seasonings and avocado oil
- Any type of seafood over coals or lightly sautéed in avocado oil

Meal after sundown:

- Sudan ful, which is fava beans stewed with a salad of tomatoes, garlic, parsley and yellow onion

Daniel Fast (during Lent)

- Foods allowed are fruits, vegetables, whole grains
- Participants do not consume meats, yeast or leaven-type breads, sweets, added sugars, and beverages, except tea and water
- An alternative, meat-free protein source is added to a serving of dried beans at each meal
- Participants limit fruit intake to **2 servings** per day of small-to medium- sized fruit and ideally have as a snack with a protein source, such as **2 tbsp.** peanut or almond butter
- They may also consume non-starchy vegetables – **1 cup** cooked or **2 cups** raw at each meal

During Fast

The objective is to change your diet by eating primarily fruit, vegetables and whole grains without preservatives. The fast limits fruits. It eliminates meat, breads, sweets, added sugars and beverages. Herbal teas and water are exceptions to the beverage guidelines.

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