A Randomized-Controlled, Pilot Intervention on Diabetes Prevention and Health Lifestyles in the New York City Korean Community

Nadia S. Islam, PhD1, Jennifer M. Zanowiak, MA1, Laura C. Wyatt, MPH2, Kay Chun, MD3, Linda Lee, MSW4, Simona C. Kwon, MPH, DRPH4, Chau Trinh-Shevrin, DRPH2

1Prevention Research Center, New York University School of Medicine, New York, NY, USA; 2Center for the Study of Asian American Health, Department of Population Health, New York University School of Medicine, New York, NY, USA; 3Public Health and Research Center, Korean Community Services of Metropolitan New York, Inc. (KCS), New York, NY, USA; 4Korean Community Services of Metropolitan New York, Inc. (KCS), New York, NY, USA

WHAT IS THE PURPOSE OF THIS STUDY?

• To explore the health and diabetes outcomes of the pilot of Project RICE (Reaching Immigrants through Community Empowerment), a community health worker (CHW) program designed to improve health behaviors and conditions related to diabetes prevention and tailored to meet specific social and cultural needs among Korean Americans living in New York City (NYC) who are identified as being at high risk for developing diabetes.

• CHWs are public health professionals who have a close understanding of the norms, behaviors and attitudes of the communities they serve.

WHAT IS THE PROBLEM?

• Diabetes is a chronic disease in which the body either cannot produce insulin or cannot properly use the insulin it produces. This leads to high levels of glucose in the blood, which can damage organs, blood vessels and nerves, and may lead to serious complications and death. Diabetes affects over 8% of the United States population (approximately 26 million people) and 7 million cases are undiagnosed. Diabetes is preventable through dietary changes and weight loss, lifestyle changes and increased physical activity.

• Korean Americans are at a higher risk for diabetes compared to non-Hispanic white Americans.

• Although diabetes prevention programs that support participants to make lifestyle changes are the most effective method to prevent type 2 diabetes, and Korean American immigrant communities have been found to have specific language and cultural needs, there are no culturally-specific programs to prevent diabetes or promote healthful behavioral changes targeted for Korean American immigrant communities (e.g., including translated materials).

WHAT ARE THE FINDINGS?

• The pilot program was found to be acceptable and appropriate for the NYC Korean community.

  o Participants gave positive feedback about the CHWs and the way the program was tailored to meet their social, cultural and language needs. The CHWs facilitated support as a bridge to the health care system and through provision of culturally-relevant and language-appropriate health education information.
Participants who completed the pilot program improved health behaviors related to diabetes prevention, including diet and exercise. In addition, they had greater knowledge of diabetes and improved capacity to engage in healthy behaviors.

The next step will be to make changes based on factors that did not work during the pilot study and then to expand the program to reach more participants.

Programs that have been piloted and developed in partnership with the community are necessary to overcome health barriers and provide support for diabetes prevention.

WHO SHOULD CARE MOST?

- Researchers and policy-makers interested in developing culture-specific programs for disease prevention and management in minority communities.
- Healthcare facilities, community organizations, researchers, health care providers and policy workers working with Asian American communities in the United States and the New York metropolitan area.
- Health advocates working in Asian American communities.

CITATION


LINKS