

**Title of Intervention:** Soul Food Light

**Intervention Strategies:** Group Education, Supportive Relationships

**Purpose of the Intervention:** To improve physiological outcomes and dietary behaviors for African Americans with Type 2 diabetes

**Population:** African American adults with Type 2 diabetes

**Setting:** Diabetes education center in a small rural medically underserved county in South Carolina; community-based

**Partners:** Community hospital, dietary department, medical professionals

**Intervention Description:**

- Group Education: Soul Food Light consisted of four, weekly one and a half hour classes that emphasized planning, purchasing and preparing healthy low-fat meals as well as making healthy choices when eating away from home. Because of low literacy levels in the target population, focusing on one major dietary concept improved chances for success by simplifying the intervention and behavioral change required. Typical food preferences were incorporated into cooking demonstrations. Ethnic food models were used to teach meal planning and participants were taught to make healthy, low-fat food choices according to the Diabetes Food Pyramid. A traditional African American meal prepared with low-fat techniques and ingredients was served to participants and family members following most classes. Experiential teaching methods were used, such as assisting with meal preparation, reading food labels and making food choices at a simulated church homecoming supper. Four monthly one-hour peer-professional discussion groups provided professional group education with peer discussion and were facilitated by a nurse case manager who was a certified diabetes educator.
- Supportive Relationships: Participation of family members was encouraged not only to integrate black cultural traditions associated with food, but also to capitalize on the value of family and to provide transportation. Weekly telephone follow-up by the nurse case manager was used for additional educational support, early identification of complications, problem solving and help in making informed choices. Follow-up facilitated the development of a caring, collaborative nurse-participant relationship that participants viewed as important to their retention and success.

**Theory:** Social Learning Theory

**Resources Required:**

- Staff/Volunteers: Nurse case manager, registered dietitian, local physician, dietary personnel
- Training: Not mentioned
- Technology: Not mentioned
- Space: Classroom space
- Budget: Food models (\$272); copies of the diabetes food pyramid (\$25); standard curriculum for Type 2 diabetes education (\$65); balance scales (\$204); telephone calling cards (\$45); stove for the diabetes center (\$750); \$15 incentive for attendance; total estimated program cost: \$384 per person
- Intervention: Soul Food Light sweatshirts, small token gifts, "door prizes" at each intervention and/or testing session, results of laboratory tests, food supplies
- Evaluation: Laboratory tests

**Evaluation:**

- Design: Pre- and post-test with control group
- Methods and Measures:
  - Physiological measures included blood lipid profile, body mass index and hemoglobin A<sub>1</sub>C levels.
  - A Food Health Questionnaire was adapted for southern African Americans to assess fat-related food habits. Questionnaires were read aloud to participants to avoid embarrassment about literacy.

**Outcomes:**

- Short Term Impact: Body mass index, weight and Food Health Questionnaire scores decreased significantly.
- Long Term Impact: At six months, high-fat dietary behaviors decreased to a more moderate level and hemoglobin A<sub>1</sub>C levels decreased.

**Maintenance:** Not mentioned

**Lessons Learned:** “Insider” health care providers hold positions of high esteem and trust in rural communities, and thus their advice is valued. Ensuring cultural competency of diabetes education is key to the provision of diabetes care for underserved, vulnerable, rural populations.

**Citation(s):**

Anderson-Loftin W, Barnett S, Bunn P, Sullivan P, Hussey J, Tavakoli A. Soul food light: culturally competent diabetes education. *Diabetes Educ.* Jul-Aug 2005;31(4):555-563.