

**Title:** Does Racial/Ethnic Identity Influence the Effectiveness of a Community Health Worker Intervention for African American and Latino Adults with Type 2 Diabetes?

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## Abstract

**Background:** Community health worker (CHW) interventions are known to be an effective strategy to improve health behaviors and outcomes in relation to diabetes, particularly for racial/ethnic communities. Although understanding the function of identity with same race/ethnicity among clients of CHW interventions could contribute to more effective program design, few studies have explored whether levels of racial/ethnic identity among participants can influence the effectiveness of CHW interventions.

**Aims:** We tested the relationship between level of racial/ethnic identity and changes in hemoglobin A1c and diabetes self-efficacy among low-income African American and Latino adults with type 2 diabetes who participated in a CHW intervention.

**Methods:** Data came from a randomized controlled trial of the CHW intervention with a six-month delayed control group design for 164 African American and Latino adults in Detroit, Michigan. Racial/ethnic identity was created from two items and classified into high, moderate, and low. We combined the two arms (immediate and delayed) into one because there was no significant difference in baseline characteristics, other than age and post-intervention self-efficacy, and multivariable linear regression models were applied in the analysis.

**Results:** Possession of high racial/ethnic identity was associated with greater improvement both in hemoglobin A1c and diabetes self-efficacy at six months. Moreover, among those with high hemoglobin A1c at preintervention, higher racial/ethnic identity had a greater impact on hemoglobin A1c improvement, compared to those with lower identity.

**Conclusions:** This study suggests the importance of considering racial/ethnic identity of the participants in designing and operating the CHW intervention for racial/ethnic minority population.

**Keywords:** community health workers, racial/ethnic identity, hemoglobin A1c, self-efficacy, Diabetes, racial/ethnic minority.