Improving Health Care Access among African Americans from West Africa

Ami Khan DNP student, BSN, BA, RN

The College of Saint Scholastica

In Partial Fulfillment of the Requirements of the Doctor of Nursing Practice

DNP Project Chair: Dr. Rhea Ferry

July 27th, 2023

Table of Contents

Abstract 3
The Problem Identification and Available Knowledge 9
The Gap Analysis 14
PICO Questions 16
Organizational Project Information 17
Needs Assessment 19
Strengths, Weaknesses, Opportunities, and Threats Analysis 22
Literature Review, Matrix (Table) Development, and Literature Synthesis 25
Theoretical Framework and Change Theory 41
Project Plan and Methodology 42
Purpose, Goals, and Objectives 42
Outcome Measures and Data Analysis Plan 43
The Logic Model 43
Ethical Considerations 44
Results 45
Description of Implementation 45
Results from Data Collection 45
Interpretation of Results 48
Conclusion 49
References 50
Appendix 1: Project Charter/Action plan 60
Appendix 2: Fishbone Diagram 66
Appendix 3: Literature Matrix Table 68
Appendix 4: Orem's Self-Care Theory 94
Appendix 5: Stakeholders 95
Appendix 6: Needs Assessment 96
Appendix 7: SWOT Analysis 96
Appendix 8: Outcome measures 97
Appendix 9: The Logic Model 98
Appendix 10: IRB Approval 100

List of Figures 103

Abstract

Background: Diabetes is a significant public health challenge among West Africans that have migrated to the United States. Alloh et al. (2021) reported that diabetes among West African American immigrants was three folds higher compared to the general population. The disease prevalence among this population segment is attributable to multiple barriers, including a lack of trust between West Africa migrants as patients with healthcare providers, time and financial constraints, discrimination, immigration status, language barriers, stigma, and socioeconomic factors. Thus, the project aims to determine the actual and perceived access barriers to healthcare among diabetic African American immigrants aged between 40 and 70 from West Africa.

Methods: The qualitative study comprised seven African American migrants aged between 40 and 70. Six study participants were women (85.71%), and one was male (14.29%). Data was collected from the study participants using semi-structured interviews and surveys regarding their actual and perceived barriers when accessing healthcare care in U.S healthcare organizations.

Results: Language barriers (16.67%), insurance coverage (33.33%), income (16.67%), and transportation (16.67) were significant barriers to healthcare access among African American migrants from West Africa. However, the participants noted that healthcare organizations could address their healthcare access challenges by recruiting interpreters (16.67%), improving cultural awareness (66.7%), and including faith-based resources as leaders (16.67%).

Conclusion: Addressing the inability to secure affordable health insurance, language barriers, low income, and transportation challenges will enhance healthcare access among African American migrants from West Africa.

Keywords: *African Americans, immigrants, West Africa, and diabetes*.

Improving Health Care Access among African Americans from West Africa

Diabetes is among the most prevalent chronic illnesses in the world. It is estimated that 422 million persons had diabetes in 2014 (World Health Organization [WHO], 2022). In 2021, the number of people with diabetes surged to 537 million, and it is projected that in 2030, approximately 643 million individuals will be diagnosed with diabetes (International Diabetes Federation [IDF], 2022). In addition, approximately 6.7 million people with diabetes died in 2021 globally (IDF, 2022). In the United States (US), 10.5% of the population was identified as diabetic in 2018 (Centers for Disease Control and Prevention [CDC], 2020). Diabetes exerts a considerable financial burden on individuals, society, and the healthcare sector. According to the American Diabetes Association, diagnosed diabetes expenses were $327.2 billion in 2017. In contrast, pre-diagnosis costs were $31.7 billion (7.9%), gestational diabetes mellitus ($1.6 billion, 0.4%), and pre-diabetes ($43.4 billion, 10.7%). The combined expenses for diabetes were $403 billion yearly (O'Connell & Manson, 2019). On average, individuals diagnosed with diabetes incur $13,240 to manage their condition; undiagnosed diabetes costs a person $4250, prediabetes $500; and GDM $5,800 (O'Connell & Manson, 2019). These expenses are attributable to direct and indirect medical expenditures because of lost productivity due to mortality and morbidity. Given the financial burden associated with diabetes, enhancing access to prevention programs for risk factors, prediabetes, and diabetes is crucial. Thus, diabetes is a public health menace that needs to be curbed "worldwide", as it greatly impacts the general population's health in terms of mortality, morbidity, and societal healthcare costs.

The prevalence of diabetes is based on demographic factors such as age, gender, and ethnicity. According to the CDC (2020), older adults above 65 years old have a higher prevalence of diabetes (26.8%), men are more affected compared to women (14%), and African

Americans are more susceptible to the condition (16.4%) than other ethnicities. African American immigrants have a higher prevalence of diabetes than the general population. According to Commodore-Mensah et al. (2018), diabetes prevalence is higher among African immigrants (PR: 1.41, [95% CI, 1.01–1.96]) compared to European immigrants in the US. Additionally, Alloh et al. (2021) reported that diabetes among West African American immigrants was threefold higher compared to the general population. The leading causes and contributors to the high prevalence rate are the affordability of health services, delayed diagnosis, and health beliefs among African American immigrants (Alloh et al., 2021). Some health beliefs prevalent among African American communities are associated with witchcraft and religious presumptions about the causes and outcomes of diabetes (Alloh et al., 2021). For example, some believe that the cause of diabetes is witchcraft or that the health outcome is all a part of God's plan and not dependent on human actions or behavioral health choices (Alloh et al., 2021). Additionally, discrimination against African immigrants in the US is considered a significant barrier to seeking health services (Turkson-Ocran et al., 2020). For instance, African Americans, Black people, people of color and indigenous people, are stereotyped because they are considered illiterate or assumed to be uninsured. Additionally, healthcare providers assume that this population cannot pay for certain treatment options, hence the need to be limited to affordable or lower-quality treatment alternatives (McDaniel et al., 2021). They also receive less satisfactory care, disrespectful treatment, and improper diagnosis (McDaniel et al., 2021). Such experiences have considerable impacts on African migrants' psychological and physiological well-being.

Therefore, to improve the health outcome, especially in enhancing diabetes control among West African immigrants, it is essential to understand and be sensitive to the cultural

preferences of this population during healthcare service delivery. Ogungbe et al. (2022) reported that culture, spirituality, and religion contribute to African immigrants' healthy behavior and experience. However, the lack of sensitivity towards the African immigrants' beliefs and culture may hinder this population from obtaining optimal healthcare services (Ogungbe et al., 2022). Consequently, understanding the cultural preferences of African American immigrants and other diverse ethnic groups and their perceived or actual barriers to accessing health care will be beneficial in improving their healthy practices in controlling diabetes.

Barriers to Seeking Healthcare among African American Migrants

African American migrants’ health remains understudied despite the increase in population size and uniqueness. African immigrants account for 5% of the United States population. Approximately 36% of this population is West African, 29% Eastern, and 17% is from North Africa (Omenka, Watson, & Hendrie, 2020). Their immigration is due to political disturbance, family reunification, and education, brain drain, and lottery programs. Before migrating to the United States, African migrants faced significant health threats, including mental health challenges, extreme poverty, and war. As a result, their vulnerabilities worsen minus access to adequate care (Omenka, Watson, & Hendrie, 2020). Equally, social determinants of health, like racism, undermine Black Americans’ health because they remain the least healthy among minority groups in the United States (Omenka, Watson, & Hendrie, 2020). Years of social injustice and racial discrimination make it challenging to offer equitable healthcare for all. Specifically, African Americans were subjected to oppression and systematic discrimination for 15 decades after slavery was abolished, and they continue to face the same plight (Noonan, Velasco-Mondragon, & Wagner, 2016). Although those who survived remain resilient and strong, the current racial discrimination and the legacy of slavery continue to undermine blacks’

access to quality care, leading to poor health status among this population segment (Noonan, Velasco-Mondragon, & Wagner, 2016).

Most migrant healthcare research in the United States focuses on migrants from Asia and Latin America because researchers consider other immigrant populations' healthcare experiences and needs similar. For instance, African Americans and African immigrants are often categorized under "blacks" (Omenka, Watson, & Hendrie, 2020). However, such a monolithic view has significant healthcare and health implications for migrants of African origin, because a US-born black citizen and an African-born black immigrant may appear similar phenotypically but differ in terms of their health outcomes and beliefs (Omenka, Watson, & Hendrie, 2020). For instance, cardiovascular risk factors like diabetes and hypertension are lower among African migrants than among African Americans (Omenka, Watson, & Hendrie, 2020). The finding suggests that African American health needs and experiences are not universal because of their varying healthcare experiences. Therefore, merging African Americans' and African American migrants' health experiences and needs undermine their differences because of their unique experiences and cultural backgrounds.

African migrants in the U.S. have diverse religious, spiritual, and cultural practices and beliefs. These beliefs and practices influence health outcomes, health practices and behaviors, healthcare access and use, and treatment decisions (Roberts et al., 2021). For instance, traditional African religion embraces the 'Western Way" of healing and treatment. However, Africans believe that some diseases require spiritual attention to facilitate the healing process. Nonetheless, western healthcare providers tend to use race to inform their decision-making and clinical diagnoses while ignoring migrants' beliefs and practices. As a result, race permeates racial-ethnic minority treatment and decision-making in multiple ways, including implicit biases

and healthcare providers' attitudes, clinical nomenclature and disease stereotyping, and treatment guidelines, further contributing to disparities in health and healthcare (Tong & Artiga, 2021). Thus, incorporating migrants' spirituality, beliefs, and practices in healthcare access is paramount in providing holistic care for African American migrants.

Nonetheless, barriers to healthcare access among African American migrants are not limited to religious, spiritual, and cultural beliefs. On the contrary, lack of trust between healthcare providers and patients, financial and time constraints, discrimination, insecure housing and immigration status, language barriers, stigma, and socioeconomic status undermine healthcare access (Roberts et al., 2021). Other barriers include low awareness of cardiovascular diseases, uninsured status, delayed uptake of antenatal care, cancer screening, vaccination, and diabetes screening. Therefore, identifying and tackling barriers to preventive healthcare access is necessary to improve African American immigrant health outcomes.

Equally, healthcare providers should be aware of the impact of religious, spiritual, and cultural beliefs on African immigrants' health and wellbeing. Accordingly, they should be aware of the influence of their biases and beliefs when interpreting African American migrants' health needs (Roberts et al., 2021). Similarly, healthcare providers should assess their healthcare provision to patients from diverse religious, spiritual, and cultural beliefs. They should also demonstrate religious literacy and cultural responsiveness by exploring the religious, spiritual, and cultural factors that characterize each patient's situation. Healthcare providers should tailor their services to reflect the patient's needs and allow patients to ask for language interpreters if language barrier is an issue. Healthcare providers can also address barriers to healthcare access among African American migrants through cultural competency training, providing interpreters, and investing in community-based care (Wafula & Snipes, 2014). The findings highlight the need

to collaborate with African American migrants, including those from West Africa to identify and design culturally appropriate healthcare services. However, implementing good practices requires healthcare organizations to provide adequate resources, change their attitude, provide information, remain flexible, and train their staff to provide care that reflects their diverse patient population. In doing so, healthcare providers will understand the needs of the diverse African American migrant population and customize their services to reflect the unique needs.

The Problem Identification and Available Knowledge

Despite the high rate of diabetes among African American individuals, there is a difference in the prevalence among African American citizens (born in the US) and African immigrants, especially West African immigrants. The African American population in the US has surged by 15% from 2000 to 2018, and the West African region accounts for the highest number of immigrants at 36%, compared to 29% from the Eastern region and 17% from the Northern region of Africa (Ogungbe et al., 2022). As a result, the prevalence of diabetes among African immigrants varies. For example, Commodore-Mensah et al. (2018) reported a 10.8% diabetes rate compared to the 7% revealed by Turkson-Ocran et al. (2020). Despite the disparities, factors affecting African immigrants' health outcomes include food insecurity, poverty, discrimination and racism, housing, physical inactivity, environmental exposure, social justice, violence, health insurance, and relationship with healthcare providers (Ogungbe et al., 2022). For example, Turkson-Ocran et al. (2020) reported that most African immigrants were less insured than African American citizens. Additionally, most immigrants were unemployed, resulting in self-reporting of diabetes diagnosis (Ogungbe et al., 2022). The Bureau of Labor Statistics (BLS, 2022) substantiates that the unemployment rate among blacks was the highest among foreigners in 2021. Foreign-born blacks' unemployment rate stood at 7.1%, compared to

Asians (4.9%), Whites (5.2%), and Hispanics (5.7%). Unemployment undermines a person's ability to afford quality healthcare. As a result, individuals delay or postpone seeking healthcare services until their condition worsens.

Ogungbe et al. (2022) revealed that difficulty navigating the US health system and the language barrier increased their risk for chronic health conditions such as diabetes and cardiovascular diseases. The Language barrier results in unequal treatment, access, and healthcare outcomes because of communication breakdown between the patient and the healthcare provider. According to Al Shamsi et al. (2020), patients who are not proficient in the local language have difficulties accessing healthcare services. As a result, they record poorer health outcomes than their counterparts because poor communication results in adverse events. Pandey et al.(2021) substantiate the claim that language congruence in healthcare delivery increases the risk of complications, medication errors, misdiagnosis, inadequate communication, and even death. Thus, language barriers undermine healthcare access, outcomes, utilization, and cost. Language barriers threaten patient safety, satisfaction, and effectiveness of healthcare workers, leading to migrants' reluctance to seek health services.

Similarly, food insecurity among African immigrants is threefold higher than among non-immigrant communities in the US (Setiloane & Mukaz, 2019). The high food insecurity can be attributed to the low socioeconomic background, language barriers, lack of familiarity with nutritious substitutes, and unsatisfied culturally-determined food preferences. Individuals from distinct cultural backgrounds have distinct food preferences and patterns, and enhanced access to conventional foods is crucial for cultural, nutritional, health, and identity reasons (Mansour, Liamputtong, & Arora, 2020). Therefore, migrants purchase traditional foods to maintain their cultural identity, and a lack of access to these food choices and language difficulties undermines

migrants' ability to make optimal and nutritious food choices. This contributes to health disparities among migrant communities in the US, with high deteriorating status reported among African immigrants (Setiloane & Mukaz, 2019). Poor food choices among migrants prompted the selection of non-pharmacological interventions such as physical activity and diet change, as well as using mobile phone apps to promote adherence to lifestyle modifications to improve their health outcomes because of poor nutritional choices that expose them to chronic conditions. A majority of articles and studies performed to determine the effectiveness of lifestyle modification in controlling diabetes among the African American community. In addition, most studies have evaluated factors influencing high diabetes prevalence among African American communities.

For instance, Osei-Duro (2017) studied the "effects of lifestyle changes on the health of African Americans with Type 2 Diabetes." The researcher concluded that lifestyle modifications integrating dietary changes and physical activity help patients diagnosed with type 2 diabetes manage their condition and improve their health outcomes. Therefore, providing African Americans with programs promoting a healthy lifestyle prevents diabetes-related complications and deaths. Equally, Kumari et al. (2018) examined the "impact of lifestyle modification counseling using lifestyle intervention holistic model and its adherence toward glycemic control in type 2 mellitus patients." According to the study's findings, lifestyle modification counseling improved fasting blood sugar and diastolic blood pressure. The study concluded that lifestyle modification counseling effectively controls glycemic in type 2 diabetes mellitus patients. The method is also non-invasive. Although self-care modalities effectively manage diabetes and related complications, healthcare access barriers should be addressed for West African migrants to benefit from such programs. Otherwise, factors like language and cultural barriers will undermine the effectiveness of diabetes self-care programs because they undermine healthcare

access by West African migrants and others. Therefore, addressing healthcare access barriers will ensure that lifestyle modification programs improve self-care and adherence behaviors towards diabetes management. However, there is limited knowledge and studies on the impact of cultural preference, barriers to seeking health care, and increasing access to health care to control diabetes successfully among West African immigrants. Therefore, this project will focus on understanding the barriers that impede this population from engaging in healthy lifestyle behaviors and improving access to health and healthcare services by integrating cultural preferences in healthcare delivery to enhance diabetes control among West African immigrants, particularly women. In addition, the proposed project will focus on how to approach West African immigrants, establish why they do not seek healthcare, and how to culturally guide this population into meeting them where they are.

Cultural preferences in the health system should incorporate factors such as the needs of an immigrant patient, cultural sensitivity among health care practitioners, socioeconomic and ethnic differences, and racial disparities. According to Singh et al. (2018), understanding cultural and ethnic experiences can contribute to providing a holistic cultural sensitivity health care service. Similarly, Henderson et al. (2018) reported that a culturally sensitive healthcare delivery results in adherence to treatment, enhanced health outcomes, quality healthcare services, improved interactions, and patient satisfaction. Culturally sensitive care is care that meets diverse patients' cultural and social needs and increases individuals' awareness of their cultural practices, values, biases, and beliefs. Therefore, a lack of cultural sensitivity in a healthcare system can negatively affect patient safety.

For instance, Kailanen et al. (2019) note that the lack of cultural sensitivity leads to poor communication between the patient and the healthcare providers, resulting in a feeling of not

being appreciated, understood, or accepted. Failure to understand and appreciate sociocultural differences in the healthcare system results in a negative attitude that affects the healthcare providers' perception of cross-cultural care. Cross-cultural care that transcends healthcare workers' cultures to facilitate therapeutic alliances with clients from diverse cultures. Thus, a negative perception of cross-cultural care results in a lack of readiness to attend to culturally diverse individuals (Kailanen et al., 2019). Additionally, failure to address social and cultural diversity in healthcare systems results in increased anxiety levels among the practitioners, influencing the quality and type of interactions with diverse patients (Kailanen et al., 2019). Increased anxiety and uncertainty among healthcare providers creates stereotypes and poor communication. Stereotyping, poor communication, and negative attitudes affect minority patients when accessing care (Likupe, 2014). These issues differentiate how cultural groupings explain and see things. Equally, they also influence cultural grouping comprehension of illness and health. Minority patients also view health from a holistic point of view. As a result, poor communication due to cultural and language barriers makes it challenging for ethnic minority patients to communicate their healthcare needs, leading to frustration and stress.

Therefore, a lack of cultural competence results in patient safety concerns. According to the Agency of Healthcare Research and Quality (AHRQ, 2019), patient safety concerns associated with a lack of cultural competencies include diagnostic errors, detrimental medication interactions between modern and traditional treatments, and missed appointments/screenings. Other safety concerns are healthcare-related infections, inadequate treatment compliance among the patients, negative responses to the prescribed medications, and unsuitable healthcare transitions. In this context, healthcare providers should develop an in-depth comprehension of patients from diverse cultures to offer personalized care. Cultural awareness and effective

communication are paramount to providing ethnic minority patients with culturally sensitive and individualized care. In this case, healthcare providers should boost, maintain, and develop the skills required to offer healthcare services to diverse patient populations because culturally competent care directly impacts patient safety, health outcome, and patient-provider interactions.

Therefore, this project has the potential to contribute to positive social changes, such as improving the management of diabetes among West African immigrant communities and assessing the importance of incorporating cultural preferences and sensitivity in increasing access to care. Managing diabetes could be essential in lowering mortality rates, reducing health complications, eradicating health disparities among ethnicities, improving patients' quality of life, and adding literature on the effectiveness of cultural preferences and sensitivity in controlling diabetes.

The Gap Analysis

African American immigrants in the US have an elevated risk of developing type 2 diabetes (Khosla et al., 2021). Various factors contribute to the development of type 2 diabetes among African American immigrants: family history, gender, age, body mass index, and lifestyle habits such as smoking, drinking, and diet. For instance, the elevated risk of diabetes among African American immigrants is mostly attributed to biological factors such as weight and abdominal fat, genetic traits, and insulin resistance (Northwestern Medicine, 2022). Abdominal fat causes insulin resistance, blood vessels, heart disease, and type 2 diabetes. Equally, family and gene history increases a person's susceptibility to type 1 diabetes (National Institute of Diabetes and Digestive and Kidney Diseases, 2016). Type 1 diabetes runs in families and is common among racial/ethnic groups. Genes also increase one's risk of type 2 diabetes because of obesity or being overweight (National Institute of Diabetes and Digestive and Kidney Diseases,

2016). African American migrants and other ethnic and racial minority groups are affected by diabetes because they often reside in socio-economically disadvantaged neighborhoods. These neighborhoods have a high concentration of fast food markets and restaurants that contribute to unhealthy eating among African American migrants. A lack of access to nutritious and healthy foods leads to poor health outcomes among African Americans (Northwestern Medicine, 2022). Additionally, low income and educational attainment are linked to elevated diagnoses of diabetes among African American immigrants (Khosla et al., 2021). Despite efforts to promote prevention and self-management, African Americans still have a high chance of developing type 2 diabetes and the adverse health outcomes linked to the condition. Individual and group perspectives on diabetes affect their willingness to make lifestyle changes to manage or prevent type 2 diabetes (Love et al., 2022). According to Jeffers et al. (2020), limited knowledge of diabetes and the management of the condition may be linked to a high prevalence of diabetes among African Americans due to non-adherence to medication. In addition, factors such as poverty, lack of health insurance, limited means of transportation, and living in underserved or rural areas may hinder African Americans from seeking health care services, limiting their early diagnosis of diabetes (Connell et al., 2019). Also, the lack of sensitivity and confidentiality toward African American immigrant beliefs and culture among health providers may hinder obtaining health care services (Ogungbe et al., 2022). The lack of culturally-sensitive care among African American immigrants may limit their access to care, thus contributing to poor health outcomes (Ogungbe et al., 2022).

In addition, African Americans from West Africa may lack proper English knowledge, leading to language barriers between them and the health providers. Also, many African Americans lack proper knowledge of diabetes management (Ogungbe et al., 2022; Taylor et al.,

2019). Health professionals lack the effective skills to care for and engage with African American immigrants from West Africa (see Appendix 1). These factors undermine healthcare access by West African migrants.

Community Deliverance is a community church within a large metropolitan area with over 70% of its membership from West Africa. The African American West African immigrants moved to the US for various reasons, including asylum or marriage. Others came to the US on vacation and decided to stay. The major reason why the community church was started by the West African immigrant community leaders was to seek each other at work and to conduct their faith-based worship in an environment where there was a representation of their cultural beliefs. Other community leaders attended worship in various Christian denominations without representation of their ethnicities and felt there was a need to make some changes. The community church leaders and members consider themselves family, where illnesses and bereavement are everyone's issues. They are also concerned about the disparities they face when accessing care because health providers lack sufficient knowledge of the barriers to care access and the cultural preferences of African American immigrants from West Africa (see Appendix 1). Such a "like community" provides a sense of support to members facing various challenges when navigating the healthcare system. For instance, the community provides a platform to discuss their challenges when accessing care and devise strategies to overcome those barriers. Therefore, healthcare systems should redesign their care model to consider the unique attributes of diverse ethnic groups to serve them better because the challenges being faced by West Africans when accessing care might differ from Latinos, for example. In this case, restructuring the U.S care delivery system will meet the unique needs of the diverse ethnic groups, including West African migrants.

Also, African American immigrants from West Africa lack effective self-care skills or behaviors (Ogungbe et al., 2022). This is attributable to a lack of culturally-appropriate education intervention to create awareness of diabetes among African American immigrants from West Africa. Health providers lack adequate knowledge of the cultural preferences of African American immigrants, limiting access to care. They also lack adequate training on the norms and preferences of African American immigrants. Therefore, there have been numerous efforts to improve the cultural competency of health providers to ensure they provide culturally-sensitive care, improving the health outcomes of African American immigrants from West Africa.

PICO Question

The population, intervention, comparison, and outcome (PICO) question that will guide the implementation of the proposed project is: How does identifying the nature of perceived and actual healthcare access barriers among West African immigrant women between 40 and 70 years with diabetes impact strategy development to overcome the barriers compared to current practices? Two outcomes will be measured after creating awareness of diabetes management through education. The first outcome will be an enhanced understanding of the barriers the target audience face when accessing diabetes care. The second outcome will be an outline of strategies that eliminate barriers to healthcare access among the target audience.

Goals and Objectives Information

The main goal of the proposed project is to highlight how healthcare access barriers limit female African American immigrants from West Africa aged 40 and 70 years residing in metropolitan areas in Minnesota, restricting their ability to manage chronic conditions like diabetes effectively. The goals will be attained by interviewing participants to understand barriers

that undermine the effective management of their diabetic condition. The proposed project's specific, measurable, attainable, realistic, and time-bound (SMART) goals include:

- Provide a detailed analysis of the actual and perceived healthcare barriers that diabetic West African women immigrants residing in metropolitan areas in Minnesota face when seeking diabetic care by May 1, 2023.
- To recommend strategies that will potentially enhance U.S healthcare organizations' ability to serve West African migrants better and enhance migrants' appreciation of these organizations by May 1, 2023.

Organizational Project Information

Community Deliverance is a community church within a large metropolitan area with over 70% of its membership from West Africa. The church stakeholders include community church leaders, African American immigrants from West Africa, the project team, and the project manager. These stakeholders will provide first-hand information regarding barriers and cultural preferences in healthcare delivery among African American immigrant women (see Appendix 4). Participants will include West African immigrant women aged between 40 to70 years with high blood sugar levels at the community church. African Americans have high rates of diabetes compared to other races or ethnicities in the US (Khosla et al., 2021). African American adults have a 60% higher likelihood of being diagnosed with diabetes than other races or ethnicities (HHS, 2021). Additionally, the incidence of diabetes continues to rise, especially among African Americans, who suffer worse health outcomes than other ethnicities (LeBrón et al., 2022; Love et al., 2022).

The West African immigrants in the Community Deliverance Church moved to the US for various reasons, including asylum or marriage. Others also moved to the US on vacation and

decided to stay. The primary reason why the community leaders started the community church was to seek each other at work and to conduct their faith-based worship in an environment where there was a representation of themselves. Other community leaders attended worship in various Christian denominations where there was no representation of their ethnicities and felt there was a need to make some changes. The community church leaders and its members consider themselves family, where illnesses and bereavement are everyone's issues. However, the West African immigrants at the community church are reluctant to seek healthcare services in the U.S healthcare system for various reasons. One of the most significant reasons is their misconceptions about care, health outcomes after treatment, and the health care facilities. From my interaction with the West African immigrant women in the church, I noted that they were often provided with a form to check the boxes that apply to them during medical appointments, with no one clearly explaining the expectations for them to comprehend.

Cultural implications due to language barriers and the inability of interpreters to accurately express the message relayed may occur during medical appointments. The African American West African immigrants at the community church indicate that their ancestors lived many years without being subjected to harsh and life-in-box lifestyle changes. However, they acknowledge that some members of their families died suddenly from what they now understand as complications of chronic illnesses like diabetes and cardiovascular diseases. Therefore, this project aims to identify *actual and perceived access barriers to healthcare in a metropolitan area in Minnesota among West African Immigrants. The intent will be to help identify effective strategies that will potentially enhance healthcare organizations' ability to better serve West African migrants and enhance their appreciation of healthcare organizations*.

Needs Assessment

Diabetes is a significant health issue, as it is the seventh leading cause of mortalities in the U.S, with a 10.5% prevalence (Hill-Briggs et al., 2022). Additionally, diabetes is associated with a significant financial burden, with one in four dollars being used to care for a diabetic person (Hill-Briggs et al., 2022). African American adults have a 60% higher likelihood of being diagnosed with diabetes than other races or ethnicities (United States Department of Health and Human Services [HHS], 2021). In addition, factors such as poverty, lack of health insurance, limited means of transportation, and living in underserved or rural areas may hinder African American immigrants from seeking health care services, limiting their early diagnosis of diabetes (Connell et al., 2019). Also, low health literacy among African American immigrants may hinder them from seeing and adhering to treatment to manage their blood sugar levels to achieve optimal health results. For instance, most West African immigrants in the Community Deliverance Church resent seeking healthcare because of their misconceptions regarding U.S healthcare organizations and the outcomes when they seek care. During medical appointments, they are given forms to check boxes that apply to them without clear expectations of what is required from them. The situation is worsened by cultural implications such as language barriers and interpreters' inability to interpret what is being expressed. The church members also revert to the fact that their ancestors lived many years without being subjected to harsh and life-in-box lifestyle changes. However, they acknowledge that some members of their families died suddenly from what they now understand as chronic disease-related complications, including diabetes and cardiac arrest. Therefore, there is a need for West African immigrant women aged between 40 to 70 years at the community church to be educated on type 2 diabetes, with other chronic and acute illnesses, and the management of these disease processes, leading to improved

health outcomes and reduced care-related costs. Racial disparities among minority groups such as African Americans should be mitigated. Implementing a culturally sensitive intervention may be effective in achieving the best patient outcomes (Goff et al., 2020).

The current gap hinders the diabetic West African immigrant women aged 40 to 70 years in the community church from achieving its ideal goal of improving blood sugar levels among West African immigrant women aged 40-70 years. Thus, the church's systems should integrate all members of society equally. Closing the gap can improve access to equitable and culturally-sensitive care among African American immigrants aged between 40 to 70 years at the community church to achieve the best health outcomes (see Appendix 5). Improving the awareness of diabetes among West African women between 40 and 70 years may be crucial in lowering blood glucose levels, reducing complications linked to the condition, minimizing care-related costs, and preventing mortalities (Canedo et al., 2018). The intervention will be implemented within eight weeks. There is a need for West African immigrant women aged 40 to 70 years in the community church to obtain crucial information on diabetes and the importance of managing the condition. Hence, to meet their needs, the West African immigrant women aged 40 to 70 years will be provided with culturally-sensitive education to improve their knowledge of diabetes, increasing their self-efficacy levels.

Stakeholders directly or indirectly impact the project's proceedings and success (Dwivedi & Dwivedi, 2021). In addition, stakeholders should be involved in the decision-making process to ensure the effective implementation of the project (Dwivedi & Dwivedi, 2021). Thus, the stakeholders in the proposed project will include African American women from West Africa aged 40-70 years, community church leadership, the project team, and the project manager.

Sponsorship will not be required to implement the proposed intervention because it will be conducted at a community church with a need.

Strengths, Weaknesses, Opportunities, and Threats Analysis

The proposed project aims to determine the cultural preferences in healthcare delivery to improve access to services and achieve the best clinical outcomes among African American immigrant women aged between 40 and 70 years. Various strengths, weaknesses, opportunities, and threats may impact the effectiveness of the intervention (see Appendix 6). Therefore, there is a need to explore the strengths, weaknesses, opportunities, and threats to ensure the proposed intervention is implemented successfully.

Strengths

The strengths consist of the favorable factors that may lead to the success of the intervention (Siddiqui, 2021; Teoli, 2019). Thus, the strengths include (a) proven leadership within the facility, (b) availability of technology, (c) effective communication and collaboration among community church leaders and members, (d) adequate resources, and (e) convenient location. The church has proven, effective leadership and uses technology to educate the community on various issues like navigating the healthcare system and living in harmony with individuals from diverse cultures and backgrounds. Additionally, church members can comfortably communicate with their leaders, leading to effective collaboration. The church also has adequate resources, such as several conference rooms within the facility, which may be used for educational forums with community members. The church's excellent location within the metropolitan area is a significant contributor to the massive attendance by community members. Hence, the proven leadership within the facility, technology, effective interprofessional

communication and collaboration among community church leaders and members, adequate resources, and excellent location are critical in implementing the proposed project.

Weaknesses

Various weaknesses may hinder the successful implementation of the intervention, including (a) low literacy levels among the community church members, (b) low socioeconomic status of members, (c) a lack of health insurance among patients from minority groups, (d) a lack of culturally appropriate education materials, (e) language barriers, and (f) accurately express the message being relayed (Siddiqui, 2021). Low literacy levels undermine community church members' engagement in health promotion and prevention activities because of their inability to obtain, comprehend, and process basic health services and information. Lack of health insurance limits access to preventive healthcare services like screening, while language barriers undermine effective communication between minority patients and their healthcare providers, leading to inaccurate expression of the message being relayed. The lack of culturally appropriate educational material undermines community awareness of diabetes and related complications. These weaknesses may determine the barriers and integration of cultural preferences in health care delivery to improve access to health care and achieve the best clinical outcomes for African American immigrant women between 40 and 70 years. There is a need to evaluate the weak points that may hinder the delivery of quality, accessible, and culturally-sensitive care among diabetic African American women aged 40-70 years from West Africa.

Opportunities

Opportunities consist of attainable actions that an organization has not yet exploited or maximized despite the benefits that can be accrued from them (Siddiqui, 2021; Teoli, 2019). Opportunities that the community church may utilize for effective implementation of the

proposed quality improvement change include (a) strategic partnering, (b) resource mobilization, and (c) media influence to implement policy change. The maximization of opportunities by the community church's leadership may effectively mitigate against barriers to care access and integration of cultural preferences to achieve the best clinical outcomes among African American immigrant women aged between 40 and 70 years. For instance, strategic partnering may advance health equity by ensuring that healthcare access becomes a shared value and vision to shape outcomes among African American immigrant women aged between 40 and 70 years. Partnering with the media will highlight the plight of these women while accessing care, hence influencing policy changes to boost their clinical outcomes.

Threats

Various factors may threaten the successful implementation of the proposed project. They include; industrial unrest, increased poverty levels, the occurrence of pandemics, racism, high costs of care, limited culturally-diverse health providers, lack of policies guiding culturally-appropriate care, dissatisfaction of patients with care, lack of educational opportunities to promote cultural competence among health providers, and terrorism. For instance, poverty threatens individuals' ability to afford health insurance, making health access unaffordable. Racism and limited culturally-diverse providers jeopardize the quality of care accessed by migrants because of stereotypes, discrimination, and communication and cultural barriers between patients and healthcare providers. As a result, patients are dissatisfied with the quality and safety of care accessed. Therefore, healthcare organizations may need to control the external factors likely to impact their operations (Siddiqui, 2021). Otherwise, patients may postpone their medical appointments, leading to poor health outcomes.

Literature Review, Matrix (Table) Development, and Literature Synthesis

A thorough literature review was conducted to obtain relevant information on the barriers and cultural preferences in healthcare delivery among African American immigrant women to improve access to services (see Appendix 2). Various databases such as PubMed, Cumulative Index and Allied Health Literature (CINAHL), and MEDLINE were utilized to guide the literature review process. Google Scholar was also utilized to obtain additional information on the topic. The keywords used to search for the literature review included *blood glucose levels, blood sugar, diabetes, cultural preferences, barriers to care, West Africans,* and *African Americans.* The initial search yielded a total of 1,000 articles. Next, Boolean operators combined the identified keywords into phrases to help narrow the returned searches to 500.After reviewing the titles and abstracts of the studies, only 25 articles were considered eligible for inclusion in the literature review.

Articles were included if they were (a) available in full-text, (b) peer-reviewed, (c) fewer than five years old, and (d) presented in English. Additionally, articles were excluded if they were (a) not available in full-text, (b) more than five years old, (c) not peer-reviewed, and (d) not in English. The major themes guiding the literature review include (a) factors associated with type 2 diabetes among African American immigrants, (b) barriers to health care access among African American immigrants, (c) cultural preferences of diabetic African American immigrants, and (d) educating African American immigrants in diabetes management and healthcare access challenges and barriers (*see Appendix B: Literature Review Matrix Table*).

Factors Associated with Type 2 Diabetes among African American Immigrants

African Americans in the U.S have the highest incidences of type 2 diabetes, leading to elevated blood glucose levels (Ard et al., 2020). In addition, African American adults have a

60% higher likelihood of being diagnosed with diabetes than other races or ethnicities (HHS, 2021). A lack of knowledge about diabetes and its management may be linked to a high prevalence of diabetes among African Americans due to medication non-adherence (Ard et al., 2020; Jeffers et al., 2020; Love et al., 2022). Therefore, knowledge of the risk factors associated with developing type 2 diabetes among West African immigrants is crucial in managing the condition among the population. The factors linked to the high prevalence of type 2 diabetes among African Americans have been explored in various studies (Ard et al., 2020; Huang et al., 2018; Love et al., 2022; Ogungbe et al., 2022; Shiyanbola et al., 2018; Spears et al., 2018).

In a phenomenological study by Ard et al. (2020), the role of a family history of type 2 diabetes in influencing positive health changes to prevent the condition is explored. The study included 20 participants, 18 years and above, African Americans with a self-reported history of type 2 diabetes and not yet diagnosed with the condition. Face-to-face interviews were conducted to aid the data collection process, and the information obtained was analyzed using NVivo. According to Ard et al. (2020), individuals with a family history of type 2 diabetes had an enhanced knowledge of the symptoms, signs, and management of the condition. In addition, a family history of type 2 diabetes is a predisposing factor for the condition in 55% of the participants (Ard et al., 2020). Thus, a family history of type 2 diabetes helped prevent the condition among the participants. Individuals with a family history of the condition were advised to make lifestyle changes to prevent the condition's occurrence. However, the study contained a small sample size (n=20), limiting the generalizability of the findings. Therefore, there is a need to include larger sample sizes in future studies to obtain more extrapolatable findings.

Non-adherence to medication is related to the high rate of type 2 diabetes among African American immigrants. Shiyanbola et al. (2018) conducted a qualitative phenomenological study

to explore the reasons for medication non-compliance among African Americans with type 2 diabetes and the participants' perceived solutions to improve adherence. In the study, 40 African Americans with type 2 diabetes for at least one year prior to the intervention and taking a prescribed medication were included. According to Shiyanbola et al. (2018), the perceptions of African Americans on (a) medication side effects and fear and frustration linked to treatment, (b) illness (disbelief of diabetes diagnosis), and (c) access to information and treatment resources were associated with higher rates of non-compliance. Participants indicated that they took medication because they valued being alive to perform their family and social roles, and they believed in the benefits of the medication and the health providers' advice. Patient counseling on the need to comply with medication and the risks of not taking it was recommended to help improve patient outcomes (Shiyanbola et al., 2018). The study was conducted among African Americans only and included a small sample size (n=40), limiting the extrapolation of the findings to more comprehensive settings. Future studies should include large sample sizes and diverse populations to obtain robust and generalizable outcomes. In another study, Hall and Heath (2020) posited that distrust for medication, disbelief of the diagnosis, and mistrust in the healthcare system could be attributed to non-adherence to the recommended regimens among African Americans.

In a quantitative study by Spears et al. (2018), type 2 diabetes knowledge and perceptions of risk were explored among middle-class African Americans. The study included a total of 121 participants. The study's findings indicate that most African Americans (70%) could not correctly determine the warning signs of the condition's development. In addition, only 3.3% of the participants could identify the risk factors associated with developing type 2 diabetes. Spears et al. (2018) indicated the limited knowledge among African Americans on the risk factors

linked to developing type 2 diabetes. Low knowledge levels among African Americans on the risk factors linked to type 2 diabetes may lead to an increased prevalence of the condition among the population. Therefore, enhancing the knowledge levels of African Americans on risk factors of type 2 diabetes, the symptoms and signs linked to the condition, and the importance of managing the illness is crucial. A shortcoming of the study is that it was conducted among middle-class African Americans, limiting the extrapolation of the findings to broader populations. Future studies should be conducted among African Americans from all socioeconomic classes to obtain quality results.

Ogungbe et al. (2022) explored the association between income, educational level, social support, employment, health coverage, and self-reported diagnoses of diabetes and hypertension in a cross-sectional study. The study included 465 African American immigrants in the Baltimore-Washington metropolitan area with an average age of 47 years. Sixty percent (60%) of the participants were female, and 40% were men. Based on the study's findings, the prevalence of diabetes was about 13% (p=0.05) (Ogungbe et al., 2022). In addition, unemployed individuals had elevated chances of developing diabetes. Therefore, the risk of developing diabetes among African American immigrants is significantly impacted by social determinants of health (SDOHs). However, future research should investigate the effect of SDOHs on the risk of developing diabetes among African American immigrants.

Huang et al. (2018) conducted a cross-sectional study to explore the relationship between medication self-efficacy and health literacy among type 2 diabetes patients. The study included 174 diabetic patients aged 20 years and above in two clinics in a Midwestern state. Enhanced medication self-efficacy is associated with medication adherence among diabetic patients (Huang et al., 2018). Improving medication self-efficacy among patients with type 2 diabetes may be

crucial in promoting medication adherence. The study was conducted among type 2 diabetes patients in two clinics, limiting the extrapolation and quality of the findings. Future studies should be conducted in a larger number of health facilities to obtain more robust results.

In another study, Love et al. (2022) explored how African American immigrants perceive and understand type 2 diabetes and its impact on adopting diet, weight control, exercise and compliance to treatment in a systematic review. A total of 26 studies were included in the systematic review. Love et al. (2022) argued that knowledge and understanding of diabetes were low among African Americans. Perceptions and beliefs of diet, exercise, weight control, and health care were misguided. Most patients were not conversant with diabetes symptoms, did not adhere to medication, or did not take the diagnosis seriously, affecting their chances of developing adverse events. There is a need for health providers to consider the knowledge, perceptions, and beliefs of African Americans regarding diabetes to establish effective culturally-sensitive interventions to effectively manage the condition and achieve the best clinical outcomes among the population. Only 26 studies were included in the systematic review, which may lower the quality of the findings. Future research should include a larger number of studies to obtain quality findings.

Martinez-Cardoso et al. (2020) examined the impact of SDOHs on diabetes management among immigrants in the US. The systematic review included immigrants in the US. Individual-level risk factors, health behaviors, poverty, housing shortage, food insecurity, underinsurance, lack of insurance, and inadequate support in the health care system for immigrants are all factors limiting access to diabetes care among immigrants in the US (Martinez-Cardoso et al., 2020). The SDOHs are linked to healthcare access disparities among immigrants in the US. Therefore, there is a need to identify appropriate strategies to mitigate

healthcare access barriers among immigrants in the US to improve the quality of diabetes management and care among the population.

In summary, the factors linked to type 2 diabetes among African Americans have been explored in various studies (Ard et al., 2020; Huang et al., 2018; Love et al., 2022; Martinez-Cardoso et al.., 2022; Ogungbe et al., 2022; Shiyanbola et al., 2018; Spears et al., 2018). According to Ard et al. (2020), individuals with a family history of type 2 diabetes had an enhanced knowledge of the symptoms, signs, and management of the condition. Shiyanbola et al. (2018) indicated that medication non-compliance among African Americans was also linked to elevated blood glucose levels and diabetes. In addition, Spears et al. (2018) indicated limited knowledge among African Americans on the risk factors associated with developing type 2 diabetes. In another study, Ogungbe et al. (2022) found that unemployed African Americans had elevated chances of developing diabetes. Similarly, Love et al. (2022) argued that knowledge and understanding of diabetes were low among African Americans. Enhanced medication self-efficacy is associated with medication adherence among diabetic patients (Huang et al., 2018). Therefore, the literature suggests that West African immigrant women aged 40-70 years would benefit from identifying their healthcare access barriers and designing strategies to these barriers to boost their engagement in educational activities that focus on the risk factors associated with diabetes. The activities also focus on the disease signs and symptoms and the need to manage the illness to improve their healthcare-seeking behavior.

Barriers to Health Care Access among African American Immigrants

African American immigrants may encounter various barriers to accessing health care services. Limited access to health care may be linked to poor health outcomes among African Americans. Thus, the barriers to healthcare access among African Americans have been accessed

in various studies (Adekeye et al., 2018; Alloh et al., 2019; Ahad et al., 2019; Connell et al., 2019; Goff et al., 2020; Olukotun et al., 2021; Roberts et al., 2021; Stormacq et al., 2019). Adekeye et al. (2018) explored the barriers to health care among African American immigrants in a cross-sectional study. The study included a total of 844 immigrants, especially those who were underinsured and uninsured. According to Adekeye et al. (2018), 59% of the participants were men, and 49% were between 18 and 40. In addition, 78% of participants don't have college education, 35% had a household income of more than $50,000, and 45% were insured. Care-related costs were a significant barrier to African American immigrants' access to health care. The health fair offered educational opportunities, referrals to follow-up resources, and health care screenings (Adekeye et al., 2018). Thus, care-related costs are a significant barrier to African American immigrants' access to health care. As a result, providing African American immigrants with cost-effective care to improve their access to services is crucial. Additionally, health fairs may be organized to improve African American immigrants' access to health care. The study by Adekeye et al. (2018) was conducted among patients requiring preventative cancer care, limiting the generalizability of the findings to diabetic individuals. Future studies should be conducted among diabetic patients to obtain more robust results.

In another study, Alloh et al. (2019) examined diabetes management differences among black African immigrants, whites, and South Asians living in Western countries. Fifteen mostly cross-sectional quantitative and qualitative articles were included in the systematic review. African immigrants had a higher prevalence of diabetes and outcome measures such as BMI, cholesterol, blood pressure, and hemoglobin A1c (HbA1c). Additionally, African immigrants experienced more healthcare disparities than White and South Asian populations (Alloh et al., 2019). Therefore, African immigrants encounter poor diabetic management and more significant

disparities in care than other ethnic groups in Western countries. As a result, determining why healthcare disparities among African immigrants with diabetes are significant is critical to improving their access to services and, as a result, achieving the best patient outcomes. However, a small number of articles (n=15) were included in the study, limiting the quality and generalizability of the outcomes. Therefore, future studies should include more articles to obtain quality findings.

Likewise, Ahad et al. (2019) examined the barriers to healthcare access and knowledge of the system and the chances of having a regular provider among African Americans and African immigrant women in a cross-sectional study. The study included 84 African immigrant women and 103 African Americans. The immigrants came to the U.S as refugees from Congo, Rwanda, and Burundi. Ahad et al. (2019) found that African immigrant women were less educated, younger, less likely to be employed outside the home, and had more minor children than African American women. In addition, African immigrant women had low levels of health literacy. Some African immigrant women indicated they were responsible for gathering health-related data for other family members. In addition, African immigrant women were less likely to have health insurance. Hence, low levels of health literacy and limited access to health insurance were significant barriers to care for African immigrant women. Therefore, educating African American women is necessary to improve their access to care and achieve the best clinical outcomes.

Similar to Adekeye et al. (2018), Alloh et al. (2020), and Ahad et al. (2019), Connell et al. (2019) conducted a qualitative study to determine the barriers to health care seeking and provision among African Americans. The study included 64 participants (24 males and 40 females) in the rural Mississippi Delta region. The participants in the study included

representatives of African American community members, health stakeholders, and community health advisors (CHA). Nine focus groups were conducted in two centrally local communities, in private meeting spots at times and locations that were most convenient for the participants. Community members and CHAs identified racism, medical mistrust, stigma, and fear of receiving a serious medical diagnosis as the most significant obstacles to African Americans' healthcare-seeking behavior (Connell et al., 2019). In addition, lack of insurance and regulatory restrictions on health care providers were also identified as impediments to providing healthcare to African Americans. Hence, identifying barriers that stifle health-care-seeking behavior and provision among African Americans may aid in increasing access to services for the optimal health outcomes of the population. The study by Connell et al. (2019) was conducted among individuals in the rural Mississippi Delta, limiting the results' applicability to African Americans in urban areas. However, individuals from urban areas may be included in future studies to obtain quality outcomes.

Similarly, in a qualitative descriptive study, Roberts et al. (2021) determined the facilitators and barriers to access to preventative care among African-born medical providers in King County, Washington. The study included 16 health event participants, community leaders, and African-born health professionals were included in the study and data were collected using key informant interviews (KIIs). Lack of knowledge and awareness of the benefits of preventative services hinders care access among African-born individuals. In addition, language and cultural differences, costs of care, lack of insurance, structural racism, and complex patient-provider relationships are barriers to health services. Therefore, respectful and culturally-competent healthcare professionals may aid in enhancing access to healthcare for African-born individuals. Therefore, health providers must enhance cultural competence to

promote quality, efficient, culturally sensitive, and cost-effective care to African-born individuals.

Goff et al. (2020) assessed healthcare provider experiences in providing diabetes self-management education (DSME) among African and Caribbean adults to guide the establishment of a culturally tailored program in a cross-sectional study. Ten health providers involved in the provision of DSME were included in the study. The major barriers identified in the provision of culturally-tailored DSME include (a) getting messages across, (b) cultural practices and beliefs, (c) the tension between responsive and structural care needs, and (d) establishing relationships through cultural understanding (Goff et al., 2020). Hence, there is a need for health providers to receive training and resources to improve their cultural competence, thus reducing health disparities in care. The study only included ten health providers, lowering the quality of the results. Future studies should include a larger sample size to obtain extrapolatable and generalizable results.

Olukotun et al. (2021) assessed barriers to healthcare access among immigrants and how the barriers are navigated in a qualitative study. The study included 24 undocumented African American immigrants. The study's findings indicate that the major barriers to healthcare access among undocumented African American immigrant women include difficulty paying for services, fear of detection, and lack of documentation (Olukotun et al., 2021). In addition, women encounter challenges accessing care; thus, they should manage their acute symptoms. Including undocumented African Americans may limit the quality and generalizability of the results. Future studies should be conducted among documented African Americans to obtain more generalizable results.

Correspondingly, Stormacq et al. (2019) explored the link between health literacy, socioeconomic status, and disparities in health care. A total of sixteen articles were included in the systematic review and meta-analysis. There is a relationship between low socioeconomic status and health literacy levels. Also, educational level is a significant determinant of health literacy. Health literacy is linked to patient health status, use of preventative services, quality of life, health outcomes, and health behaviors (Stormacq et al., 2019). Improving patients' health literacy may be crucial in improving their access to care, thus reducing disparities to achieve the best clinical outcomes. There is a need to include larger sample sizes in future studies to obtain more robust and extrapolatable findings.

In summary, various barriers to healthcare access among African Americans may be associated with poor clinical outcomes among the populations (Adekeye et al., 2018; Alloh et al., 2019; Ahad et al., 2019; Connell et al., 2019; Goff et al., 2020; Olukotun et al., 2021; Roberts et al., 2021; Stormacq et al., 2019). According to Adekeye et al. (2018), care-related costs were a significant barrier to African American immigrants' access to healthcare. In addition, African immigrants experienced more healthcare disparities than White and South Asian populations (Alloh et al., 2019). Ahad et al. (2019) found that African immigrant women were less educated, younger, less likely to be employed outside the home, and have more minor children than African American women. In addition, racism, medical mistrust, stigma, and fear of a serious medical diagnosis are the most significant obstacles to African Americans' healthcare-seeking behavior (Connell et al., 2019). Also, Roberts et al. (2021) posited that a lack of knowledge and awareness of the benefits of preventative services hinders care access among African-born individuals. The major barriers identified in the provision of culturally-tailored DSME include (a) getting messages across, (b) cultural practices and beliefs, (c) the tension between responsive

and structural care needs, and (d) establishing relationships through cultural understanding (Goff et al., 2020). Major barriers to healthcare access among undocumented African American immigrant women include difficulties paying for services, fear of detection, and lack of documentation. Olukotun et al. (2021) and Stormacq et al. (2019) asserted that there is a relationship between low socioeconomic status and health literacy levels. Hence, there is a need to mitigate the barriers limiting healthcare access among African Americans to enhance care delivery and achieve the best patient outcomes.

Cultural Preferences of Diabetic African American Immigrants

Cultural preferences and beliefs among African American immigrants from West Africa may impact their health-seeking behaviors. In addition, individuals from different races or ethnicities may have various preferences regarding seeking and receiving health care services. Hence, the cultural preferences of diabetic African American immigrants were explored (Love et al., 2022; Okeya et al., 2020; Omenka et al., 2021; Taylor et al., 2019).

In a systematic review of qualitative and quantitative studies, Love et al. (2022) examined how African American immigrants perceive and understand type 2 diabetes and the impact of their perceptions and beliefs on adopting exercise, weight control, diet, and compliance with medication. The study included 26 articles. A thematic approach was utilized to synthesize the findings obtained from the articles included in the study. According to Love et al. (2022), knowledge and understanding of diabetes were low among African Americans. The beliefs and perceptions regarding weight management, diet, exercise, and healthcare were false. In addition, most participants could not identify diabetes symptoms as a result, did not take their diagnosis seriously, and did not adhere to their prescribed medications (Love et al., 2022). Therefore, the participants were at a higher risk for developing adverse health events. Healthcare providers

must take into account the knowledge, perceptions, and beliefs of African Americans regarding diabetes in order to develop culturally sensitive interventions that effectively manage the condition and achieve the best clinical outcomes among the population.

Correspondingly, in a scoping review, Omenka et al. (2020) explored African immigrants' experiences and healthcare needs in the U.S. The study included 14 articles that were qualitative or quantitative. Omenka et al. (2020) found that religion, culture, and spirituality were significant factors in the healthcare experiences of African American immigrants. In addition, lack of culturally competent care, high care-related costs, mistrust, and the health system's complexity impeded African immigrants' access to care. Understanding African immigrants' experiences and healthcare needs may be essential in reducing barriers to care and enabling the delivery of quality, timely, effective, cost-effective, and culturally sensitive service to the population (Omenka et al., 2020). However, the heterogeneity of the articles included in the study might limit the quality of the findings. Also, the small number of articles included in the study might limit the applicability of the findings to broader populations. Thus, more studies with limited heterogeneity should be included in future studies to obtain quality findings.

Likewise, Joo and Liu (2021) explored culturally tailored interventions to gain a better understanding of the experiences of minorities receiving type 2 diabetes care in the US in a systematic review and meta-analysis. A total of seven articles were included in the study. According to Joo and Liu (2021), the interventions utilized in the delivery of culturally appropriate care among ethnic minorities include (a) family involvement, (b) culturally appropriate lifestyle behaviors, (c) enhanced knowledge about diabetes, (d) emotional support, and (e) access to health care services. Hence, culturally-appropriate interventions are crucial in diabetes care delivery among ethnic minorities in the US, such as African American immigrants.

Okeya et al. (2020) explored the impact of cultural beliefs on type 2 diabetes self-care among black Africans in Liverpool in a mixed-method study. The study included 30 diabetic black Africans aged 40-79 years. Cultural belief significantly impacts diabetes self-care among black Africans (Okeya et al., 2020). Thus, there is a need to determine the cultural preferences of African American immigrants from West Africa on diabetes management to promote quality and equal care delivery for the best health outcomes. However, the study was conducted among black Africans in Liverpool only, limiting the applicability of the findings to wider populations. Therefore, future studies should include more diverse populations to obtain more robust outcomes.

In another study, Taylor et al. (2019) explored residents' awareness regarding racial and ethnic disparities and the perceived preparedness to discuss health disparities in a cross-sectional study. The cross-sectional study included a total of 98 primary care residents in two teaching hospitals included in the study. According to the study's findings, 83% of residents were aware of the high prevalence of diabetes among African Americans. Only 31% of residents felt prepared to discuss health disparities with patients (Taylor et al., 2019). The resident's main concern was inability to share easily understandable information or what to discuss with the patient. Residents reported that cultural competency training and experiential learning were helpful in identifying and addressing health disparities (Taylor et al., 2019). Health providers should be prepared to identify and address health disparities among diabetic African Americans, improving their health outcomes. Future studies should be conducted among a large number of health facilities to ensure the findings apply to wider resident populations.

In summary, African American immigrants may have various cultural preferences that hinder or promote their health-seeking behaviors (Love et al., 2022; Okeya et al., 2020; Omenka

et al., 2021; Taylor et al., 2019). For example, according to Love et al. (2022), knowledge and understanding of diabetes is low among African Americans. In addition, Omenka et al. (2020) found that religion, culture, and spirituality were significant factors in the healthcare experiences of African American immigrants. Cultural belief significantly impacts diabetes self-care among black Africans (Okeya et al., 2020). The residents' main concern is not knowing how to share easily understandable information or what to discuss with the patient (Taylor et al., 2019). Thus, determining the cultural preferences of African American immigrants from West Africa may be crucial in improving their access to healthcare services and achieving the best patient outcomes.

Educating African American Immigrants on Diabetes

Educating African American immigrants on diabetes and the importance of managing the condition may be essential in achieving the best clinical outcomes among the population. The importance of self-management education in managing diabetes has been explored in various studies (Cummingham et al., 2018; Han et al., 2019; Peña-Purcell et al., 2022). In a quasi-experimental study, Han et al. (2019) examined the effect of a health literacy-enhanced diabetes intervention. A total of 19 out of 30 participants received the intervention, followed by two home visits and counseling over 24 weeks. A health-literacy-enhanced diabetes intervention was associated with improved glucose control and psychological outcomes among the participants (Han et al., 2019).

Cunningham et al. (2018) explored the impact of diabetes self-management education (DSME) on blood glucose levels and quality of life among African Americans compared to usual care in a systematic review and meta-analysis. In the study, Cummingham et al. (2018) included 22 articles which were quasi-experimental, randomized controlled trials (RCTs), and cluster-randomized trials. Based on the study's findings, DSME was linked to reduced blood

glucose levels and improved quality of life among African Americans (Cummingham et al., 2018). However, the study contained a limited number of studies (n=22), limiting the generalizability of the findings to wider populations. Therefore, future studies should include more studies to obtain more generalizable results.

Similarly, Peña-Purcell et al. (2022) explored the impact of culturally tailored DSME on diabetes-related outcomes and physiological distress among African Americans and Hispanics/Latinos in a quasi-experimental study. The study aimed to explore the impact of culturally tailored DSME on diabetes-related outcomes and physiological distress among African Americans and Hispanics/Latinos. Culturally tailored DSME was associated with lower psychological distress and improved self-care, self-efficacy, and knowledge of diabetes among the participants (Peña-Purcell et al., 2022).

In summary, self-management education is crucial in managing diabetes (Cummingham et al., 2018; Han et al., 2019; Peña-Purcell et al., 2022). A health-literacy-enhanced diabetes intervention was associated with improved glucose control and psychological outcomes among the participants (Han et al., 2019). Based on the study's findings, DSME was linked to reduced blood glucose levels and improved quality of life among African Americans (Cummingham et al., 2018). Culturally tailored DSME was associated with lower psychological distress and improved self-care, self-efficacy, and knowledge of diabetes among the participants (Peña-Purcell et al., 2022). Thus, culturally tailored patient education may help create awareness of diabetes among African American immigrants at the community church, thus, improving their health outcomes.

Theoretical Framework and Change Theory

In research, theoretical frameworks help to describe the model employed to develop evidence-based projects. Thus, Orem's self-care theory and the theory of planned behavior will be utilized as the project's scientific underpinning (see Appendix 3). Dorothea Orem developed the theory to improve the quality of nursing care in 1971. Orem's self-care deficit theory is predicated on the individual, health, nursing, and environment. Orem's self-care theory is predicated on the premise that individuals have the innate capacity, fundamental right, and moral obligation to care for their well-being (Khademian et al., 2020). According to the theory, self-care consists of individuals' actions to maintain, restore, and enhance their health. Individuals should be responsible for their care and that of their dependent family members. Self-care, self-care deficit, and nursing are the three components of Orem's self-care theory. In the theory, Orem states that providing individuals with an environment conducive to personal development and the opportunity to meet their future needs is crucial. Healthcare providers should not view patients as passive recipients of care but rather as responsible, dependable, strong, and capable decision-makers who can take care of their health effectively. Orem presented four nursing systems in the theory, including wholly, partially, and supportive-educating systems, as components of self-care theory (Khademian et al., 2020). In supportive educational systems, nurses should instruct patients needing assistance and direction in managing their condition. Orem emphasizes the significance of patient comprehension of health concerns.

Applying Orem’s self-care theory will aid clinicians in determining the barriers to healthcare access and cultural preferences among African American women from West Africa. In addition, health providers will utilize Orem's theory of self-care to educate patients on the

importance of seeking care services to prevent and treat type 2 diabetes effectively. Therefore, Orem's self-care theory will be essential for examining the reduction of barriers to healthcare access among African-American women from West Africa and integrating their cultural preferences into interventions to manage or prevent type 2 diabetes in the population for the best clinical outcomes.

The theory of planned behavior (TPB) is a behavior change theory that will help understand why African American women from West Africa behave in certain ways regarding their health. The theory will provide a crucial framework for comprehending and predicting African American migrant women's health-related behaviors. According to the TPB perspective, healthcare providers can predict optimal behavior through behavioral intention. Behavioral intention highlights individuals' willingness to plan and implement new behaviors (Zeidi, Morshedi, & Otaghvar, 2020). Therefore, the theory of planned behavior will highlight African American Migrant women from West Africa's willingness and attitude to modify their lifestyle to manage and prevent diabetes-related complications.

Project Plan and Methodology

Purpose, Goals, and Objectives

The project aims to identify actual and perceived access barriers to healthcare in a metropolitan area in Minnesota among West African immigrants. The intent will be to help identify effective strategies that will potentially enhance healthcare organizations' ability to better serve West African migrants and enhance their appreciation of healthcare organizations. Thus, the project goals and objectives include:

- Highlighting how perceived and actual healthcare access barriers undermine diabetic African American women immigrants from West Africa aged between 40 and 70 years residing in metropolitan areas in Minnesota's ability to manage their condition effectively
- Provide a detailed analysis of the healthcare barriers that diabetic West African women immigrants aged 40 to 70 and residing in metropolitan areas in Minnesota face when seeking diabetic care by May 1, 2023
- To offer recommendations that will address the healthcare barriers and improve knowledge of diabetes and self-management by 50% among the diabetic West African women immigrants residing in metropolitan areas in Minnesota by May 1, 2023.

Outcome Measures and Data Analysis Plan

The project outcome measures include an improved understanding of healthcare access barriers among African American Migrants from West Africa, improved care delivery, and enhanced trust and comfort with the healthcare workers due to the elimination of barriers to healthcare access among the target audience (*see appendix 7 for outcome measures*). Data collected from semi-structured interviews and surveys will be analyzed using thematic content analysis. The data will be coded to generate categories of themes from the interview transcripts, like healthcare access barriers, strategies to eliminate health access barriers, and enhancing compliance with exercise and dietary practices. The validity and the reliability of data collected will be enhanced by increasing randomization to eliminate sample bias. Additionally, data will be collected until no new themes emerge to enhance the completeness and accuracy of data.

The Logic Model

The Center for Disease Control and Prevention (CDC) defines a logic model as a road map or graphic depiction presenting shared connections among impact, outcomes, outputs,

activities, and resources for a program. A logic model also highlights the correlation between the program's intended impacts and activities. Logic models are useful because they enhance a program's clarity, identify resources required to implement a program and the sequence of activities to be executed, and act as the foundation for evaluating a program (*see appendix 8 for the project's logic model*).

Ethical Considerations

Participation in the study will be voluntary. Participants will fill out an informed consent form before engaging in the study, and they will be allowed to withdraw from the study at any time. The project will limit the data collected to only essential information and ensure that the respondents' responses, personal information, and identity are not disclosed to unauthorized individuals without the participant's consent. Project participants will be notified about the storage of their information during and after the project and the steps that will be taken to safeguard and secure their records, such as placing them in a locked cabinet. Participants' anonymity will be maintained by refraining from obtaining personal identifiers, and data obtained from the project will be destroyed after three years to minimize potential access by unauthorized users.

The project also sought and received approval from the College of St. Scholastica Institutional Review Board (IRB). The IRB ensures research studies adhere to applicable regulations, required ethical standards, safeguards research subjects, and complies with institutional policies. The first process in the RB review process is the pre-review screening, where the IRB analyst reviews research submissions to assess their compliance and completeness and the type of review. Based on the review process, the IRB analyst may ask researchers to modify their submissions before approval and assign review types. The IRB reviewers may

request clarifications following the post-review process. The next process is approval after the post-review process and assigning review type. My experience related to the project entailed review of the IRB by the project chair, making clarifications and changes to the IRB, and finally, its approval and assigning review type. The review type was "Expedited Review" (*see Appendix 9*). Studies qualifying for expedited review process do not need continuing review. As such, my project does not require ongoing review or approval from the College of St. Scholastica Institutional Review Board.

Results

Description of Implementation

The project was implemented once at the Community Deliverance church after the Sunday service, and the project participants had concerns and fears about completing the survey. Some participants feared being exposed due to their undocumented status; others had difficulties completing the survey due to lack of internet access at home, and some lacked transportation access that prevented them from being present during implementation and review day. Some participants were still hesitant to complete the survey because they believed the government or big healthcare organizations were investigating them. Some participants had concerns about being utilized as statistics for grants or discrimination towards their society. Nonetheless, seven participants agreed to engage in the study after being convinced that the study project was for their benefit.

Results from Data Collection

According to data collection, four of the study participants were between 40 and 49 years (57.14%), two (28.57%) were between 50 and 59 years, and only one (14.29%) was 60 years and above (*see Figure 1:"Which category describes your age?"*). Of the seven participants, six

(85.71%) were Black or African American, while one (14.29%) was some other race (*see Figure 2: "Are you White, Black or African American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or some other race?"*). Six study participants were females (85.71%), and one was male (14.29%). Three (42.86%) of the study participants were employed working 1-39 hours per week, and four (57.14%) were working 40 or more hours per week (*see Figure 4:" Which of the following categories best describes your employment status?").*The study noted that one participant (14.29%) had less than a high school degree, one (14.29%) had a high school degree or equivalent, one (14.29%) with an associate degree, two (28.57%) had a bachelor's degree, and two had graduate degrees (28.57%) (*See Figure 5:"What is the highest level of school you have completed or the highest degree you have received?"*).The study also found out that three of the study participants (42.86%) spoke English at home, while 4 (57.14%) spoke a language other than English (*see Figure 7:"What language do you mainly speak at home?"*).The study findings noted that six (85.71%) of the study participants sought healthcare services in the United States in the last five years, while one (14.29%) had not sought healthcare services in the United States over the previous five years (*see Figure 7:"Have you sought healthcare services in the United States in the last five years?"*). Four of the study participants (66.67%) sought assistance in the emergency room, and two (33.33%) in the primary care clinic (*see Figure 8: "What type of setting did you seek healthcare").* Also, one participant (16.67%) got some support from the healthcare organizations when managing their chronic health conditions like diabetes, two (33.33%) got proper authorization, and three (50%) got good support from their healthcare organization (*see Figure 9:" Do you feel the healthcare organizations you have been to have supported your concerns and helped manage chronic health conditions such as diabetes?"*).

Regarding awareness of community resources to access healthcare, four participants (66.7%) were aware of the resources, while two (33.33%) needed to be made aware of community resources to access care (*see Figure 10: Are you aware of community resources to access healthcare?").* Similarly, one participant(16.67%) got help with food and groceries, one (16.67%) health services directory, one(16.67%) guide to healthcare resources, two (33.33%) with the Minnesota Department of Human Services, and one (16.67%) did not explain the type of resources accessed at the community level (*see Figure 11: "Have you used any of the following resources at the community level?"*). The study participants highlighted some issues that undermine their healthcare access. One participant (16.67%) stated that more than one issue, including transportation, income, insurance coverage, physical disability, and language challenges, undermined their ability to access healthcare services., one participant (16.67%) identified language challenges as a barrier, two participants (33.33%) cited insurance coverage, one person (16.67%) identified income and another one participant(16.67%) identified transportation as a significant challenge (*see figure 12: "Select from the following any problems you may have experienced when seeking healthcare"*). As a result, one participant (16.67) felt that the healthcare organization could address their access challenges by hiring more interpreters, four participants (66.67%) noted that the organization could improve cultural awareness, and one participant (16.67%) highlighted the need for healthcare organizations to include faith-based leaders as resources (*see figure 12" If yes, please select from the list below what you think would be more important to improve"*).

Based on the study participants' experience with the U.S. healthcare systems, they identified multiple strategies that could help minimize healthcare access barriers and improve migrants' trust in the healthcare system to improve healthcare access. The participants'

expectations from the healthcare organizations included cultural awareness for their employees, having interpreters available in their local dialects, resources to cover insurance expenses, and changing the timing of clinic hours to enhance access for those working long hours. Additionally, healthcare organizations should have mobile clinics around communities or coordinate with religious leaders at the church to conduct increased healthcare screening for medical conditions like DMII, HTN and Cancer. The study participants also highlighted the need for insurance companies to offer transportation vouchers for people requiring medical appointments to help cover transportation costs.

The study participants also noted that healthy living is challenging due to a need for adequate financial resources to purchase nutritious meals. Hence, they suggested that the government at the state level should enhance access to additional resources, and food pantries should be done by mobile van delivery at least once a week or biweekly to improve their health and well-being. The study participants also highlighted the need for healthcare workers to break down lifestyle modifications, especially diet, which should be done incrementally and not abruptly. The expectation is that healthcare organizations should know that changing/giving up one's diet completely from what one has eaten in the last 40-60 years of their life can be a little bit tricky. The goal is to find common ground, identify what patients can give up, and educate them on the benefits of choosing healthy meal choices and lifestyle modifications. This can be successful if religious/faith-based leaders in the church are included in the lifestyle modification program.

Interpretation of the Results

According to the study findings, African American migrants from West Africa's actual and perceived healthcare access barriers included transportation, income, insurance coverage,

physical disability, and language challenges. However, the major challenge was insurance coverage (33.33%). Most study participants expressed concern about not affording co-payments for prescribed/required medications due to a lack of insurance or limited resources. Nonetheless, the study participants felt that hiring more interpreters, improving cultural awareness, and including faith-based leaders in healthcare screening initiatives would help address their healthcare access barriers. Other expectations included increased resources to cover insurance expenses, extending clinic hours to enhance access by those working long hours to meet their family's needs, investment in mobile clinics, coordination with faith-based leaders to increase healthcare screening for chronic conditions, and enhancing access to transportation vouchers, food pantries, and lifestyle modifications to be done incrementally. Therefore, collaboration among migrants, faith-based leaders, state governments, and healthcare organizations can help address the plight of migrants when accessing healthcare services.

Conclusion

African American immigrants in the U.S. have an elevated risk of developing type 2 diabetes. At the Community Deliverance Church, it has been identified that there are disparities in care access among African American immigrants from West Africa due to low literacy levels among the community church members, low socioeconomic status of members, lack of health insurance among patients from minority groups, lack of culturally appropriate education materials, language barriers, and the inability to accurately express the message being relayed. Thus, determining the barriers and integrating cultural preferences in health care delivery may be crucial in creating awareness of diabetes among African American immigrant women at the community church, thus, contributing to quality health care and the best clinical outcomes. Therefore, there is a need to explore the strengths, weaknesses, opportunities, and threats to

ensure the proposed intervention is implemented successfully. Knowledge of the risk factors associated with the development of type 2 diabetes among West African immigrants is crucial in managing the condition among the population. In addition, African American immigrants may encounter various barriers to accessing health care services. Also, cultural preferences, beliefs, and limited knowledge of the condition among African American immigrants from West Africa may impact their health-seeking behaviors. Therefore, creating awareness by educating participants in the proposed project on personal responsibilities and lifestyle modifications like weight management, exercise, diet, and lifestyle modifications may help reduce mortalities linked to diabetes. Orem's self-care theory and the Theory of Planned Behavior will be the project's scientific underpinning.

References

Adekeye, O. A., Adesuyi, B. F., & Takon, J. G. (2018). Barriers to healthcare among African immigrants in Georgia, USA. *The Journal of Immigrant and Minority Health*, *20*(1), 188-193. https://link.springer.com/article/10.1007/s10903-017-0549-9

Agency for Healthcare Research and Quality. (2019). *Cultural competence and patient safety*. https://psnet.ahrq.gov/perspective/cultural-competence-and-patient-safety

Ahad, F. B., Zick, C. D., Simonsen, S. E., Mukundente, V., Davis, F. A., & Digre, K. (2019). Assessing the likelihood of having a regular health care provider among African American and African Immigrant women. *Ethnicity & Disease*, *29*(2), 253-260. https://doi.org/10.18865%2Fed.29.2.253

Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of language barriers for healthcare: a systematic review. *Oman Medical Journal*, *35*(2), e122. https://dx.doi.org/10.5001/omj.2020.40

Alloh, F., Hemingway, A., & Turner-Wilson, A. (2021). The role of finding out in type 2 diabetes management among west-African immigrants living in the UK. *International Journal of Environmental Research and Public Health*, *18*(11), Article 6037. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8199992/

Alloh, F., Hemingway, A., & Turner-Wilson, A. L. (2019). A systematic review of diabetes management among black African immigrants, white and South Asian populations. *Journal of Global Health Reports*, *3(2019),* e2019020- e2019038. https://doi.org/10.29392/joghr.3.e2019020

Ard, D., Tettey, N. S., & Feresu, S. (2020). Influence of family history of type 2 diabetes mellitus on positive health behavior changes among African Americans. *International Journal of*

Chronic Diseases, *2020*(2020), 8016542- 8016550. https://doi.org/10.1155%2F2020%2F8016542

BLS (Bureau of Labor Statistics). (2022, May 18). *Foreign-Born workers: Labor force characteristics-2021*. https://www.bls.gov/news.release/pdf/forbrn.pdf

Canedo, J. R., Miller, S. T., Fadden, M. K., Schlundt, D., & Sanderson, M. (2018). Racial/ethnic disparities in diabetes quality of care: The role of healthcare access and socioeconomic status. *The Journal of Racial and Ethnic Health Disparities*, *5*(1), 7-14. https://doi.org/10.1007%2Fs40615-016-0335-8

Centers for Disease Prevention and Control.(n.d). *What is a logic model*? https://www.cdc.gov/std/program/pupestd/components%20of%20a%20logic%20model.pdf

Centers for Disease Prevention and Control. (2020). *National diabetes statistics report 2020. Estimates of Diabetes and Its Burden in the United States*. https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

Connell, C. L., Wang, S. C., Crook, L., & Yadrick, K. (2019). Barriers to health care-seeking and provision among African American adults in the rural Mississippi Delta region: Community and provider perspectives. *The Journal of Community Health*, *44*(4), 636-645. https://doi.org/10.1007%2Fs10900-019-00620-1

Cunningham, A. T., Crittendon, D. R., Mills, G. D., White, N., Diaz, V., & LaNoue, M. D. (2018). Effect of diabetes self-management education on HbA1c and quality of life in African-Americans: A systematic review and meta-analysis. *BioMed Central Health Services Research*, *18*(1), 1-13. https://doi.org/10.1186/s12913-018-3186-7

diabetes. *Journal of Gerontological Nursing, 45*(2), 35–41. https://doi.org/10.1186/s12913-018-3186-7

Dwivedi, R., & Dwivedi, P. (2021). Role of stakeholders in project success: Theoretical Background and Approach. *International Journal of Finance, Insurance and Risk Management XI (1)*, 38-49. https://www.researchgate.net/profile/Rajeev-Dwivedi-Phd/publication/351638322

Goff, L. M., Moore, A., Harding, S., & Rivas, C. (2020). Providing culturally-sensitive diabetes self-management education (DSME) and support for black African and Caribbean communities: A qualitative exploration of the challenges experienced by healthcare practitioners in inner London. *British Medical Journal Open Diabetes Research and Care*, *8*(2), e001818-e001818. http://dx.doi.org/10.1136/bmjdrc-2020-001818

Hall, G. L., & Heath, M. (2020). Poor medication adherence in African Americans is a matter of trust*. The Journal of Racial and Ethnic Health Disparities, 1*(1), 1-16. https://doi.org/10.1007/s40615-020-00850-3

Han, H. R., Nkimbeng, M., Ajomagberin, O., Grunstra, K., Sharps, P., Renda, S., & Maruthur, N. (2019). Health literacy enhanced intervention for inner-city African Americans with uncontrolled diabetes: A pilot study. *Pilot and Feasibility Studies*, *5*(1), 1-9. https://pilotfeasibilitystudies.biomedcentral.com/articles/10.1186/s40814-019-0484-8

Henderson, S., Horne, M., Hills, R., & Kendall, E. (2018). Cultural competence in healthcare in the community: A concept analysis. *Health & Social Care in the Community*, *26*(4), 590-603. https://sci-hub.se/https://doi.org/10.1111/hsc.12556

Hill-Briggs, F., Ephraim, P. L., Vrany, E. A., Davidson, K. W., Pekmezaris, R., Salas-Lopez, D., & Gary-Webb, T. L. (2022). Social determinants of health, race, and diabetes population

health improvement: Black/African Americans as a population exemplar. *Current Diabetes Reports, 22*(3), 117-128. https://doi.org/10.1007%2Fs11892-022-01454-3 https://doi.org/10.1080/07399332.2019.1640703 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7418939/

Huang, Y. M., Shiyanbola, O. O., & Chan, H. Y. (2018). A path model linking health literacy, medication self-efficacy, medication adherence, and glycemic control. *Patient Education and Counseling, 101*(11), 1906-1913. https://doi.org/10.2147%2FPPA.S153312

Hussain, S. T., Lei, S., Akram, T., Hussain, S. H., Haider, M. J., & Ali, M. (2018). Kurt Lewin's change model: A critical review of the role of leadership and employee involvement in organizational change. *Journal of Innovation & Knowledge*, *3*(3), 123-127. https://doi.org/10.1016/j.jik.2016.07.002

International Diabetes Federation. (2022). *Diabetes around the world in 2021*. https://diabetesatlas.org/

Jeffers, K., Cadogan, M., Heilemann, M. V., & Phillips, L. R. (2019). Assessing informal and formal diabetes knowledge in African American older adults with uncontrolled diabetes. *Journal of Gerontological Nursing, 45*(2), 35–41.

Joo, J. Y., & Liu, M. F. (2021). Experience of culturally-tailored diabetes interventions for ethnic minorities: A qualitative systematic review. *Clinical Nursing Research, 30*(3), 253-262. https://sci-hub.hkvisa.net/10.1177/1054773819885952

Kaihlanen, A. M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: qualitative study of nurses' perceptions about cultural competence training. *BioMed Central Nursing*, *18*(1), 1-9. https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-019-0363-x

Khademian, Z., Ara, F. K., & Gholamzadeh, S. (2020). The effect of self-care education based on Orem's nursing theory on quality of life and self-efficacy in patients with hypertension: A quasi-experimental study. *International Journal of Community Based Nursing and Midwifery*, *8*(2), 140-149. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7153422/

Khosla, L., Bhat, S., Fullington, L. A., & Horlyck-Romanovsky, M. F. (2021). HbA1c performance in African descent populations in the United States (U.S) with normal glucose tolerance, prediabetes, or diabetes: A scoping review. *Preventing Chronic Disease*, *18*(2021), E22-E22. http://dx.doi.org/10.5888/pcd18.200365

Kumari, G., Singh, V., Jhingan, A. K., Chhajer, B., & Dahiya, S. (2018). Effectiveness of lifestyle modification counseling on glycemic control in type 2 diabetes mellitus patients. *Current Research in Nutrition and Food Science*, *6*(1), 70. https://dx.doi.org/10.12944/CRNFSJ.6.1.07

Likupe, G. (2014). Communicating with older minority patients. *Nursing Standard*, 28(40) 37-43

Love, O., Peter, D., & Julie, S. T. (2022). Systematic review: Perceptions of type 2 diabetes of people of African descent living in high-income countries. *Journal of Advanced Nursing*, 78(8), 2277-2289. https://doi.org/10.1111/jan.15266

Mansour, R., Liamputtong, P., & Arora, A. (2020). Prevalence, determinants, and effects of food insecurity among middle eastern and north African migrants and refugees in high-income countries: a systematic review. *International Journal Of Environmental Research And Public Health*, *17*(19), 7262. https://dx.doi.org/10.3390/ijerph17197262

McDaniel, M., Richardson, A., Gonzalez, D., Caraveo, C. A., Wagner, L., & Skopec, L. (2021). Black and African American adults' perspectives on discrimination and unfair judgment in health care. *Washington, DC: Urban Institute*.

National Institute of Diabetes and Digestive and Kidney Diseases. (2016). *Symptoms and causes of diabetes*. https://www.niddk.nih.gov/health-information/diabetes/overview/symptoms-causes

Noonan, A. S., Velasco-Mondragon, H. E., & Wagner, F. A. (2016). Improving the health of African Americans in the USA: an overdue opportunity for social justice. *Public Health Reviews*, *37*, 1-20. https://doi.org/10.1186/1471-2458-11-187

Northwestern Medicine.(2022). *Diabetes in Black Communities: Understanding health inequity*. https://www.nm.org/healthbeat/healthy-tips/nutrition/diabetes-in-the-black-community

O'Connell, J. M., & Manson, S. M. (2019). Understanding the economic costs of diabetes and prediabetes and what we may learn about reducing the health and economic burden of these conditions. *Diabetes Care*, *42*(9), 1609-1611. https://dx.doi.org/10.2337/dci19-0017

Ogungbe, O., Turkson-Ocran, R. A., Nkimbeng, M., Cudjoe, J., Miller, H. N., Baptiste, D., & Commodore-Mensah, Y. (2022). Social determinants of hypertension and diabetes among African immigrants: The African immigrants' health study. *Ethnicity & Health*, *27*(6), 1345-1357. https://sci-hub.se/https://doi.org/10.1080/13557858.2021.1879026

Ogungbe, O., Turkson-Ocran, R. A., Nkimbeng, M., Cudjoe, J., Miller, H. N., Baptiste, D., ... & Commodore-Mensah, Y. (2022). Social determinants of hypertension and diabetes among African immigrants: The African immigrants health study. *Ethnicity & Health*, *27*(6), 1345-1357. https://sci-hub.se/https://doi.org/10.1080/13557858.2021.1879026

Okeya, E. (2020). Cultural belief and self-management of type 2 diabetes among Black Africans in Liverpool. *Journal of Humanities and Social Science, 2*(2020), 69-75. http://dx.doi.org/10.9790/0837-2504026975

Olukotun, O., Mkandawire-Valhmu, L., & Kako, P. (2021). Navigating complex realities: Barriers to health care access for undocumented African immigrant women in the United States. *Health Care for Women International, 42*(2), 145-164.

Omenka, O. I., Watson, D. P., & Hendrie, H. C. (2020). Understanding African immigrants' healthcare experiences and needs in the United States: A scoping review. *BioMed Central Public Health*, *20*(1), 1-13. https://doi.org/10.1186/s12889-019-8127-9

Osei-Duro, C. (2017). *Effects of Lifestyle Changes on the Health of African Americans with Type 2 Diabetes* (Doctoral dissertation, Walden University).

Pandey, M., Maina, R. G., Amoyaw, J., Li, Y., Kamrul, R., Michaels, C. R., & Maroof, R. (2021). Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study. *BMC Health Services Research*, *21*(1), 1-13. https://doi.org/10.1186/s12913-021-06750-4

Peña-Purcell, N., Han, G., Lee Smith, M., Peterson, R., & Ory, M. G. (2019). Impact of diabetes self-management education on psychological distress and health outcomes among African Americans and Hispanics/Latinos with diabetes. *Diabetes Spectrum*, *32*(4), 368-377.

Roberts, D. A., Abera, S., Basualdo, G., Kerani, R. P., Mohamed, F., Schwartz, R., & Patel, R. (2021). Barriers to accessing preventive health care among African-born individuals in King County, Washington: A qualitative study involving key informants. *The Public*

Library of Science, 16(5), e0250800-e0250813. https://doi.org/10.1371/journal.pone.0250800

Setiloane, K. T., & Mukaz, D. K. (2020). Household food insecurity among African immigrants of the United States: Evidence from the National Health Interview Survey. *Journal of Hunger & Environmental Nutrition*, *15*(5), 669-682. https://sci-hub.se/https://doi.org/10.1080/19320248.2019.1640828

Shiyanbola, O. O., Brown, C. M., & Ward, E. C. (2018). “I did not want to take that medicine”: African-Americans’ reasons for diabetes medication non-adherence and perceived solutions for enhancing adherence. *Patient Preference and Adherence*, *12*(2018), 409-421. https://doi.org/10.2147/ppa.s152146

Siddiqui, A. (2021). SWOT analysis or SWOT matrix tool as a strategic planning and management technique in the healthcare industry and its advantages. *Biomedical Journal of Scientific & Technical Research*, *40*(2), 32035-32042. http://dx.doi.org/10.26717/BJSTR.2021.40.006419

Singh, P., King-Shier, K., & Sinclair, S. (2018). The colours and contours of compassion: A systematic review of the perspectives of compassion among ethnically diverse patients and healthcare providers. *PLoS One*, *13*(5), Article e0197261. https://doi.org/10.1371/journal.pone.0197261

Spears, E. C., Guidry, J. J., & Harvey, I. S. (2018). Measuring type 2 diabetes mellitus knowledge and perceptions of risk in middle-class African Americans. *Health Education Research*, *33*(1), 55-63. https://doi.org/10.1093/her/cyx073

Stormacq, C., Van den Broucke, S., & Wosinski, J. (2019). Does health literacy mediate the relationship between socioeconomic status and health disparities? *Integrative review.*

Health Promotion International, 34(5), e1-e17.https://sci-hub.se/https://doi.org/10.1093/heapro/day062

Taylor, Y. J., Davis, M. E., Mohanan, S., Robertson, S., & Robinson, M. D. (2019). Awareness of racial disparities in diabetes among primary care residents and preparedness to discuss disparities with patients. *Journal of Racial and Ethnic Health Disparities, 6*(2), 237-244.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6997468/

Teoli, D., Sanvictores, T., & An, J. (2019). *SWOT analysis*. StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK537302/

Tong, M., & Artiga, S.(2021, Dec 09). *Use of race in clinical diagnosis and decision making: Overview and implications*. https://www.kff.org/racial-equity-and-health-policy/issue-brief/use-of-race-in-clinical-diagnosis-and-decision-making-overview-and-implications/

Turkson-Ocran, R. A. N., Nmezi, N. A., Botchway, M. O., Szanton, S. L., Golden, S. H., Cooper, L. A., & Commodore-Mensah, Y. (2020). Comparison of cardiovascular disease risk factors among African immigrants and African Americans: An analysis of the 2010 to 2016 National Health Interview Surveys. *Journal of the American Heart Association*, *9*(5), Article e013220. https://www.ahajournals.org/doi/full/10.1161/JAHA.119.013220

United States Department of Health and Human Services. (2021). *Diabetes and African Americans*. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18

Wafula, E. G., & Snipes, S. A. (2014). Barriers to health care access faced by black immigrants in the US: theoretical considerations and recommendations. *Journal of immigrant and minority health*, *16*(4), 689-698. https://doi.org/10.1007/s10903-013-9898-1

World Health Organization. (2022). *Diabetes*. https://www.who.int/news-room/fact-sheets/detail/diabetes#:~:text=Hyperglycaemia%2C%20also%20called%20raised%20blood,years%20and%20older%20had%20diabetes.

Zeidi, I. M., Morshedi, H., & Otaghvar, H. A. (2020). A theory of planned behavior-enhanced intervention to promote health literacy and self-care behaviors of type 2 diabetic patients. *Journal of Preventive Medicine and Hygiene*, *61*(4), 601-613. ttps://dx.doi.org/10.15167/2421-4248/jpmh2020.61.4.1504

Appendix 1: Project Charter/Action Plan

Project Title: Improving HealthCare Access among African American immigrants from West Africa

Project Members: Ami Khan

Project Organization/Agency: Community Deliverance Church

DNP Project Agency Approval Form: DNP Project approval form

Agency Specific Requirements for the DNP Student Project and Link to Agency Page Describing Requirements: None

Project Champions (2 required, include initial contact date): Ami Khan, Pastor Joshua Baion 10/20/22

Project Start Date: October 2022

Projected Date of Project Completion: August 2023

Project Charter:

3MT: AKhan 3MT

Contact Information

Team member Name	Location/Time Zone	Phone Number	Email/Tweet	Communicate Best Via	Project Lead Role
Ami Khan	Otsego, MN/CST	651-497-8858	akhan1@css.edu	Phone/text/email	Leader
Dr. Rhea Ferry	Duluth, MN/CST	218-791-5052	rferry@css.edu	email	Project Chair
Pastor Joshua Baion	Edina, MN/CST	612-961-8688	jshbaion@gmail.com	Phone/text/email	Mentor/expert

Project Member's Name	**Strengths**	**Weaknesses**
Ami Khan	Communicating, coordinating with project chair and project sponsor	Lack of working ahead pending feedback from the project chair. Updating required corrections via google doc comments.
As a team		

Course	**Project Task**	**Person Responsible**	**Draft Completion Date**	**Submission/ Due Date**

8201	Organization search for project implementationComplete Literature Review/search	Ami Khan	12/1/22	12/18/22
8206	Project presentation, Literature review and IRB application and assignment deadlines	Ami Khan	03/25/23	05/05/23
8207	Project implementation, presentation and project closure with IRB.	Ami Khan	07/25/23	8/23
Notes	Project chair communicates effectively via email with feedback on expectations and clarifying assignment guidelines.	Ami Khan	Ongoing	12/2022-08/2023

ID #	Purpose/Objectives	Method Of Communication	Frequency	Recipients	Person Responsible	Notes
1	Updating sponsor on project requirements; survey and literature review and project implementation	Email/face to face	Once per term/as needed	Pastor Joshua Baion	Ami Khan	Needs updates on project, information required data and clarifications
2	Project requirements, literature search and review. Presentations, ethical considerations and IRB application/approval	Email, google docs and zoom meetings	Every step of the way	Dr. Rhea Ferry	Ami Khan	Supervises entire project, implementation, IRB application and approval

Project Member's Name	Strengths	Weaknesses
Entire Team		

Write a comprehensive yet concise reflection (toward the end of 8207) by answering the following questions. *Each team member is to write a reflection.* See how to write a reflection.

1. How have strengths & weaknesses evolved from the beginning of your project to the end project?
2. What high and/or low points will help you move forward in any future leadership endeavors?

Name: Ami Khan Reflection: Throughout the project, I have sustained strength by maintaining effective communication with team members and study participants and coordinating meetings with the project chair and project mentor, who helped me overcome my weakness of not completing the required items on time. My high point was successfully implementing the project with study participants at the Community Deliverance Church. This process was challenging, as participants hesitated to be involved for fear of identity exposure and language barriers. I learned to implement my transformational leadership skills, active listening, speaking in a language that the participants will understand, communicating, and interacting based on their cultural beliefs and preferences; these are skills I will utilize in my future leadership role.

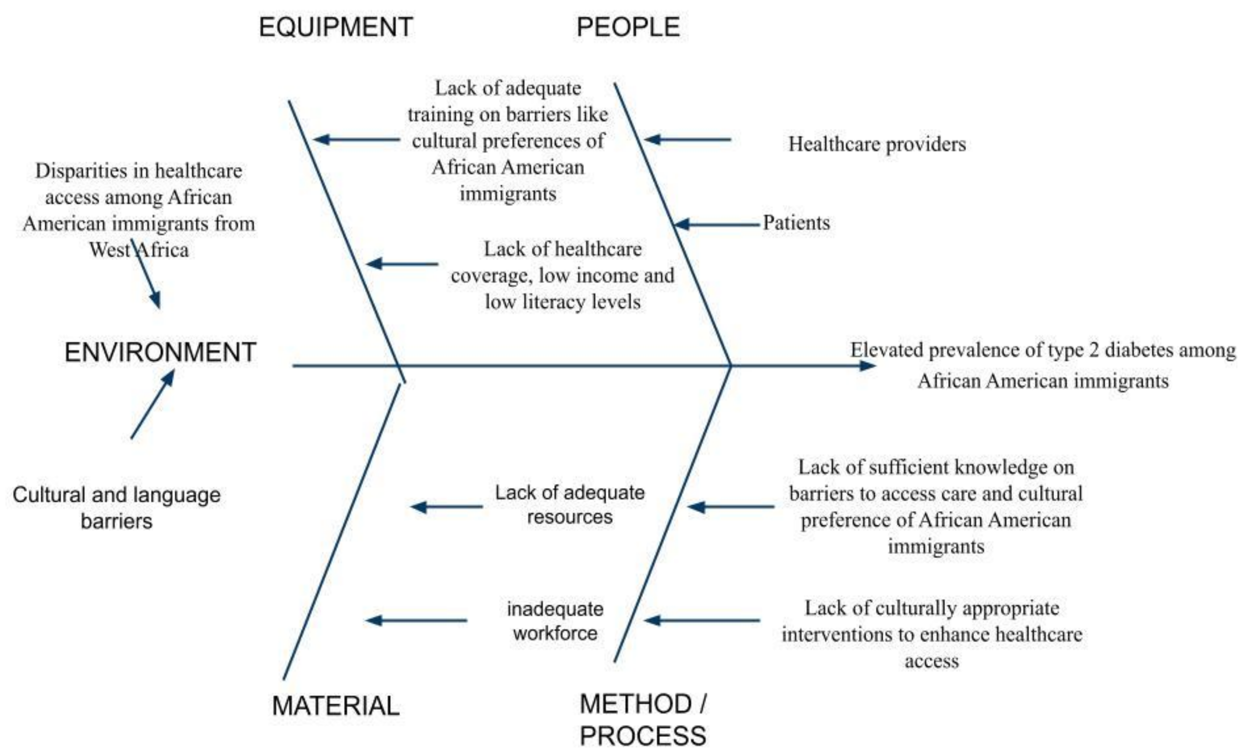
Project Chair's Recommendations

Dates of Meeting	Topic of Discussion	Action Recommended	Date to be completed	Mark X when Completed
9/20/22	Discussed Topic proposal and project implementation site	Review DNP project requirements on Grad nursing website.		**x**
10/4/22	Narrowing project scope/topic	Thoughts of Literature search and project implementation timeframe to guide topic selection		**x**

10/31/22	PICOT question review	PICOT Question review. Continue literature search, and key words regarding improving healthcare access among this population		**x**
11/3/22	Goals, objective and chart plan completion and project flow	Revise Objectives and recommendations. Delve into Literature search and focus on SWOT Analysis and consistency with documentation format		**x**
12/13/22	Review Literature search per recommendations and submit	Corrections completed per feedback from project chair and submitted literature search.		**x**
12/20/22	Project pitch presentation-final presentation and 8201-C completion	Revised previous version of project pitch-per revised Project topic, completed 8201-C and submitted		**X**
1/7/23	Reviewing project end goal	Adjusting project outcome- change wording from diabetic management to reason for improving healthcare access to help manage chronic illness like diabetes.		**x**
3/5/23	Project goal adjustments	focus on two things; perceived barriers and suggestions on how to overcome these perceived barriers to improve healthcare access.		**x**
3/28/2	IRB Application	Appropriate IRB language, in depth description of participants and spacing , use of flyers to inform participants.		**x**
3/30/23	Survey questions and consent form	Refine survey questions to meet participants reading standard, resubmit when completed for review.		**x**
4/5/23	Demographics-IRB application	Focusing on consistent wording project/research and including demographics in the survey questions.		**x**
4/21/23	IRB application, Survey	Grammar corrections, spacing and final		**x**

	questions and consent form	edits for submission		
4/24/23	Complete final edits and submit IRB application	IRB application with supporting documents submitted.		**x**
5/4/23	8206-C corrections : Omitted IRB experience & recommendations. Below are the assignment directions noted in the Assignment Guidelines. Please revise for 8207a paper	Refine and update information regarding the IRB, its purpose, the process, and your experience as it relates to your project should be concisely presented in your paper.		**x**
6/2/23	Collaboration meeting with project chair	recommendations on topics or areas to include in implementation phase of the project		**x**
7/5/23	Email communication-feedback on Abstract & 8207-A	Recommendations to complete Abstract per DNP project guidelines		**x**
7/6/23	Edit 8207-B & project poster including recent updates	Completed 8207-B & poster per project chair's recommendations.		**x**
7/10/23	Collaboration meeting with project chair: edit project poster and final recommendations on 8207-B for 8207-C	conducting thorough review on scientific posters and presentation for 3MT		**x**
7/27/23	Final Collaboration meeting with Project Chair	recommendations to edit poster topic and update quality of 3MT video on you-tube		**x**

Appendix 2: Fishbone Diagram



Team members: Ami Khan, Dr. Rhea Ferry, Pastor Joshua Baion

Appendix 3: Literature Matrix Table

Reference	Purpose/Question	Design	Sample	Intervention	Results	Notes
Adekeye, O. A., Adesuyi, B. F., & Takon, J. G. (2018). Barriers to healthcare among African immigrants in Georgia, USA. *The Journal of Immigrant and Minority Health*, *20*(1), 188-193. https://sci-hub.hkvisa.net/10.1007/s10903-017-0549-9	The study examined the barriers to health care among African American immigrants.	Cross-sectional study	The study included 844 African American immigrants, especially the underinsured and uninsured.	A survey was conducted to determine the barriers to health care, knowledge, and risks of developing chronic illnesses such as cancer and diabetes among African Americans.	Fifty-nine percent (59%) of the participants were male, and 49% were aged 18-40. Also, 78% of the participants had a minimum college education, 35% had a household income of more than $50,000, and 45% were insured. Care-related costs were a major barrier to health care access among African American immigrants.	Care-related costs are a significant barrier to health care access among African American immigrants. Therefore, there is a need to provide cost-effective care to African American immigrants to improve their access to services. Also, health fairs may be set up to improve health care access among African American immigrants.

					The health fair provided opportunities for education, referral to follow-up resources, and health care screenings.	
Alloh, F., Hemingway, A., & Turner-Wilson, A. L. (2019). A systematic review of diabetes management among black African immigrants, white and South Asian populations. *Journal of Global Health Reports*, *3(2019),* e2019020-e2019038. https://doi.org/10.29392/joghr.3.e2019020	The study aimed at exploring diabetes management differences among black African immigrants, Whites, and South Asians living in western countries.	Systematic review	A total of fifteen articles were included in the study. The articles were mostly cross-sectional quantitative and qualitative studies.	The differences in diabetes management among African immigrants, Whites, and South Asians living in western countries.	The study's findings indicate that African immigrants had a higher prevalence of diabetes and outcome measures such as body mass index (BMI), cholesterol, blood pressure, and hemoglobin A1c (HbA1c). Additionally, health care disparities were more common among African	African immigrants encounter poor diabetic management and increased disparities in care compared to other ethnicities in Western countries. Therefore, evaluating why health care disparities among African immigrants with diabetes are high is crucial to improving their access to services; thus, achieving the best patient outcomes.

					immigrants than the White and South Asian populations.	
Ahad, F. B., Zick, C. D., Simonsen, S. E., Mukundente, V., Davis, F. A., & Digre, K. (2019). Assessing the likelihood of having a regular health care provider among African American and African Immigrant women. *Ethnicity & Disease*, *29*(2), 253-260. https://doi.org/10.18865%2Fed.29.2.253	The study aimed at exploring the immigrant status, barriers to healthcare access, health, and knowledge of the healthcare system among African American and African immigrant women.	Cross-sectional study	The study included 103 African American and 84 African immigrant women. The African immigrant women were from Rwanda, Congo, and Burundi and initially came to the United States (U.S) as refugees.	How socio-demographics and health status, health literacy, and health care barriers impacted the relationship between the participants and the likelihood of having a regular health care provider were examined.	African immigrant women were found to be less educated, younger, unlikely to be employed outside the home, and with more minor children than their African American counterparts. Additionally, African immigrant women had low health literacy levels. Some African immigrant women indicated they were responsible for	Low health literacy and limited access to health insurance were significant factors hampering access to care among African immigrant women. Therefore, there is a need to adequately educate African American women to improve their access to care; thus, achieving the best clinical outcomes.

					collecting information to help make health decisions for other family members. Also, African immigrant women had fewer chances of having access to health insurance.	
Ard, D., Tettey, N. S., & Feresu, S. (2020). Influence of family history of type 2 diabetes mellitus on positive health behavior changes among African Americans. *International Journal of Chronic Diseases*, *2020*(2020), 8016542- 8016550. https://doi.org/10.1155%2F2020%2F8016542	The purpose of the study was to explore whether having a family history of type 2 diabetes influences positive behavioral changes to aid in preventing the condition.	Qualitative research method	Twenty individuals (6 men and 14 women) individuals who identified as African American and had a family history of type 2 diabetes though they had not been diagnosed with the	Determining the impact of family history on positive health behaviors. Focus groups and interviews were conducted over 6 to eight weeks to determine the influence of a family history of diabetes on positive health behavior	Family history was recognized as a risk factor for developing type 2 diabetes in only 55% of the responses. However, family history plays a significant role in preventing the condition. In addition, the participants reflected on personal	An individual's family history is a risk factor for developing type 2 diabetes. As a result, a family history of type 2 diabetes may play a role in developing type 2 diabetes in African Americans.

			disease themselves, participated in the study.	changes. Transcriptions of 20 face-to-face interviews were analyzed using NVivo version 12.	barriers to making behavior changes and were motivated to modify their lives.	
Connell, C. L., Wang, S. C., Crook, L., & Yadrick, K. (2019). Barriers to healthcare seeking and provision among African American adults in the rural Mississippi Delta region: Community and provider perspectives. *Journal of Community Health*, *44*(4), 636-645. https://doi.org/10.1007%2Fs1	The study aimed to determine barriers to health care seeking and provision among African Americans in the rural Mississippi Delta region.	Qualitative study	Representative of health providers, stakeholders, African American community members, and community health advisors (CHA).	Sixty-four (n=64) delta region residents (24 males, 40 females) participated in the study. Nine focus groups were conducted in two centrally located communities, in private meeting areas at locations and areas that were convenient for the participants. The groups were organized based on the	Community members and CHAs indicated that racism, medical mistrust, stigma, and fears of serious medical diagnosis are major barriers to healthcare-seeking behavior among African Americans. In addition, lack of insurance and regulatory constraints on health providers were among the	Identifying barriers to healthcare-seeking behavior and provision among African Americans may help promote access to services to achieve the best health outcomes among the population.

0900-019-00620-1				gender and role of the participants.	barriers identified in health care provision to African Americans.	
Cunningham, A. T., Crittendon, D. R., White, N., Mills, G. D., Diaz, V., & LaNoue, M. D. (2018). The effect of diabetes self-management education on HbA1c and quality of life in African-Americans: A systematic review and meta-analysis. *BioMed Central Health Services Research*, *18*(1), 1-13. https://doi.org/	The study aimed at exploring the impact of diabetes self-management education (DSME), hemoglobin A1c(HbA1c), and quality of life (QOL) among African Americans compared to usual care.	Systematic review and meta-analysis	A total of 22 articles whose participants were African Americans with type 2 diabetes were included in the study. Fourteen studies were eligible for the systematic review and eight for the meta-analysis.	The impact of DSME on QOL and HbA1c on African Americans with type 2 diabetes. Articles included in the study were randomized controlled trials (RCTs), quasi-experimental, and cluster-randomized trials.	The study's findings indicate that DSME did not significantly affect African Americans with type 2 diabetes(p=0.001) but improved their QOL.	Further research to determine strategies to promote the effectiveness of DSME among African Americans with type 2 diabetes is crucial in achieving the best health outcomes.

10.1186/s12913-018-3186-7						
Goff, L. M., Moore, A., Harding, S., & Rivas, C. (2020). Providing culturally sensitive diabetes self-management education and support for black African and Caribbean communities: A qualitative exploration of the challenges experienced by healthcare practitioners in inner London. *British Medical Journal Open Diabetes Research and Care, 8*(2), e001818-e001826.https://drc.bmj.com/conte	The study aimed at exploring the experiences of heath care providers in providing diabetes self-management education (DSME) among African and Caribbean adults to inform the establishment of a culturally tailored program.	A cross-sectional study	The study included 10 health providers involved in diabetes management in primary and intermediate care.	Experiences of heath care providers in providing diabetes self-management education (DSME) among African and Caribbean adults was explored.	Barriers to culturally competent DSME include (a) the tension between structural and responsive care needs, (b) challenges posed by cultural beliefs and practices, (c) building relationships through cultural understanding, and (d) getting messages across.	Culturally competent DSME among African Americans is crucial in the effective management of type 2 diabetes. Hence, there is a need for health providers to receive training and resources to improve their cultural competence; thus, reducing health disparities in care.

nt/bmjdrc/8/2/e001818.full.pdf						
Hall, G. L., & Heath, M. (2021). Poor medication adherence in African Americans is a matter of trust. *Journal of Racial and Ethnic Health Disparities, 8*(4), 927-942. https://sci-hub.hkvisa.net/10.1007/s40615-020-00850-3	The study aimed at evaluating the lack of medication adherence among African American patients.	A systematic review and meta-analysis containing qualitative, quantitative, and case studies.	A total of 58 articles were included in the study (Quantitative, qualitative, and case studies.	Reasons for medication non-adherence among African American patients. An inductive content analysis approach was utilized to synthesize the findings.	African American non-adherence to medication is influenced by various factors including (a) disbelief of the diagnosis, (b) distrust of the medication, (c) distrust of health providers and the health care system, (d) belief in alternative medicine, (e) cultural norms, and (f) access and affordability.	African Americans may have various reasons for not adhering to medication, making diabetes management challenging. Thus, understanding the cultural preferences of African American patients and identifying the barriers to health care access may be crucial in enhancing diabetes management among the population.
Han, H. R., Nkimbeng, M., Ajomagberin, O., Grunstra,	The study aimed at examining the effect of a health-literacy	A quasi-experimental study	A total of 19 out of 30 participants received the	The effect of a health-literacy enhanced diabetes	A health-literacy enhanced diabetes	Improving the health literacy of diabetic African American immigrants may be

K., Sharps, P., Renda, S., & Maruthur, N. (2019). Health literacy enhanced intervention for inner-city African Americans with uncontrolled diabetes: a pilot study. *Pilot and feasibility studies*, *5*(1), 1-9. https://pilotfeasibilitystudies.biomedcentral.com/articles/10.1186/s40814-019-0484-8	enhanced diabetes intervention.		intervention, followed by two home visits and counseling over 24 weeks.	intervention on diabetes-related and psychological outcomes was explored.	intervention was associated with improved glucose control and psychological outcomes among the participants.	essential in achieving improved diabetes-related and psychological outcomes.
Huang, Y. M., Shiyanbola, O. O., & Chan, H. Y. (2018). A path model linking health literacy, medication self-efficacy,	The study aimed at assessing the association between health literacy and medication self-efficacy with self-reported type 2 diabetes	Cross-sectional study	A total of 174 patients in two family medicine clinics in a Midwestern state. The participants were 20 years	The association between health literacy and medication self-efficacy with self-reported type 2 diabetes medication	Enhanced medication self-efficacy and self-reported health status are associated with medication	Improving medication self-efficacy among patients with type 2 diabetes may be crucial in promoting medication adherence. Hence, educating African American immigrants from West

medication adherence, and glycemic control. *Patient Education and Counseling, 101*(11), 1906-1913. https://doi.org/10.2147%2FPPA.S153312	medication adherence.		and above, diagnosed with type 2 diabetes, and prescribed with at least one medication.	adherence was assessed. Questionnaires were utilized to obtain data from the participants.	adherence among diabetic patients.	Africa may help in improving their medication self-efficacy, reducing disparities in care among this population.
Joo, J. Y., & Liu, M. F. (2021). Experience of culturally-tailored diabetes interventions for ethnic minorities: A qualitative systematic review. *Clinical Nursing Research, 30*(3), 253-262. https://sci-hub.hkvisa.net/10.1177/1054773819885952	The study aimed at evaluating culturally tailored interventions to better understand the experiences of ethnic minorities receiving type 2 diabetes care in the US.	Systematic review and meta-analysis of qualitative studies	Seven qualitative articles were included in the study.	Identifying culturally tailored interventions for ethnic minorities undergoing type 2 diabetes treatment in the US.	The interventions identified in the delivery of quality type 2 diabetes care to ethnic minorities included (a) culturally appropriate lifestyle behaviors, (b) enhanced knowledge about diabetes, (c) emotional support, (d) family involvement, and (e) access	Culturally-appropriate interventions are crucial in diabetes care delivery among ethnic minorities in the US such as African American immigrants. hence, identifying the cultural preferences of African American immigrants may be crucial in mitigating disparities in care; thus, achieving the best health outcomes among the population.

					to the health care system.	
Love, O., Peter, D., & Julie, S. T. (2022). Systematic review: Perceptions of type 2 diabetes of people of African descent living in high-income countries. *Journal of Advanced Nursing*, 78(8), 2277-2289. https://doi.org/10.1111/jan.15266	The study aimed at determining how African American immigrants perceive and understand type 2 diabetes and the impact of their perceptions and beliefs on the adoption of exercise, weight control, diet, and compliance with medication.	A systematic review of qualitative and quantitative studies.	A total of 26 articles were included in the study.	How African American immigrants perceive and understand type 2 diabetes and the impact of their perceptions and beliefs on the adoption of exercise, weight control, diet, and compliance to medication were explored. A thematic approach was utilized to synthesize the findings.	The study's findings indicate that knowledge and understanding of diabetes were low among African Americans. Beliefs and perceptions on weight control, diet, exercise, and health care were erroneous. In addition, most participants could not recognize diabetes symptoms, did not take the diagnosis seriously, and did not adhere to their medication. Thus, the participants	Knowledge and understanding of diabetes among African Americans. Thus, there is a need for health providers to consider the knowledge, perceptions, and beliefs of Africa Americans regarding diabetes to establish effective culturally-sensitive interventions to effectively manage the condition and achieve the best clinical outcomes among the population.

					had an increased risk of developing adverse health events.	
Martinez-Cardoso, A., Jang, W., & Baig, A. A. (2020). Moving diabetes upstream: the social determinants of diabetes management and control among immigrants in the US. *Current Diabetes Reports, 20*(10), 1-10. https://sci-hub.hkvisa.net/10.1007/s11892-020-01332-w	The study aimed at assessing the social determinants of health (SDOHs) shaping diabetes management among immigrants in the US.	Review	Immigrants in the US.	The association of SDOHs to diabetes management and care among immigrants in the US.	Diabetes management and care among immigrants in the US is limited. Factors limiting access to diabetes care among immigrants in the US include individual-level risk factors, health behaviors, poverty, housing shortage, food, insecurity, underinsurance, lack of insurance, and inadequate support in the health care	SDOHs are linked to health care access disparities among immigrants in the US. Therefore, there is a need to identify appropriate strategies to mitigate health care access barriers among immigrants in the US to improve the quality of diabetes management and care among the population.

					system for immigrants.	
Olukotun, O., Mkandawire-Valhmu, L., & Kako, P. (2021). Navigating complex realities: Barriers to health care access for undocumented African immigrant women in the United States. *Health Care for Women International, 42*(2), 145-164.https://doi.org/10.1080/07399332.2019.1640703	The study aimed at assessing barriers to health care access among undocumented African American and how they navigate the barriers.	A qualitative study.	The study included 24 undocumented African American immigrants.	Barriers to health care access among undocumented African American immigrants and how they navigate the barriers. Semi-structured interviews were conducted among the participants. A thematic approach was utilized to synthesize the study's findings.	The study findings indicated that the major barriers to health care access among undocumented African American immigrant women include difficulty paying for services, fear of detection, and lack of documentation. In addition, women had challenges accessing care; thus, had to manage their acute symptoms. To cope with the barriers, women had to find alternative	African immigrant women face various barriers to health care access such as high care-related costs, fear of detection, and lack of documentation. Therefore, there is need to establish strategies to improve care access among African American immigrant women to achieve the best health outcomes.

					care sources and find safe space to receive services.	
Ogungbe, O., Turkson-Ocran, R. A., Nkimbeng, M., Cudjoe, J., Miller, H. N., Baptiste, D., ... & Commodore-Mensah, Y. (2022). Social determinants of hypertension and diabetes among African immigrants: The African immigrants' health study. *Ethnicity & Health*, *27*(6), 1345-1357. https://sci-hub.se/https://doi.org/10.1080/135	The study aimed at determining the association between social determinants of health, diabetes, and hypertension among African Americans.	A cross-sectional study	A total of 465 African American immigrants living in the Baltimore-Washington metropolitan area with a mean age of 47 years were included in the study. Sixty percent of the participants were women, and 40% were men.	The association between educational level, income, social support, employment, health insurance, and self-reported diagnoses of diabetes and hypertension were evaluated.	The prevalence of diabetes was 13% among the participants. Unemployed individuals were more likely to develop diabetes than those employed (p=0.05%).	Social determinants of health (SDOHs) significantly impact the risk of developing diabetes among African American immigrants. However, future studies should further explore the impact of SDOHs on the risk of developing diabetes among African American immigrants.

57858.2021.1879026						
Okeya, E. (2020). Cultural Belief and Self-Management of Type 2 Diabetes Among Black Africans in Liverpool. *Journal of Humanities and Social Science, 2*(2020), 69-75. http://dx.doi.org/10.9790/0837-2504026975	The study aimed at assessing the impact of cultural belief on type 2 diabetes self-care among black Africans in Liverpool.	A mixed study (qualitative and quantitative approaches).	Thirty Black Africans aged 40-79 years with a diabetes diagnosis.	The impact of cultural beliefs on type 2 diabetes self-care among Black Africans with diabetes. Questionnaires and oral interviews were used to collect data from the participants.	The study's findings indicate that cultural belief has a significant impact on diabetes self-care among black Africans. Thus, there is a need to determine the cultural preferences of African American immigrants from West Africa on diabetes management to promote quality and equal care delivery for the best health outcomes.	Cultural beliefs play a crucial role in type 2 diabetes self-care among black Africans. Therefore, there is a need to develop culturally appropriate interventions to promote type 2 diabetes self-care among African American immigrants from West Africa.

Omenka, O. I., Watson, D. P., & Hendrie, H. C. (2020). Understanding African immigrants' healthcare experiences and needs in the United States: a scoping review. *BioMed Central Public Health*, *20*(1), 1-13. https://doi.org/10.1186/s12889-019-8127-9	The study aimed to understand African immigrants' experiences and health care needs in the U.S.	A scoping review	The study included 14 articles (Quantitative and qualitative studies).	African immigrant experiences and health care needs were explored in the study.	The study's findings indicate that religion, culture, and spirituality were significant factors in the health care experiences of African American immigrants. Additionally, lack of culturally-competent care, high care-related costs, distrust, and complexity of the health system were barriers to care access among African immigrants.	Understanding the experiences and health care needs of African immigrants may be crucial in mitigating the barriers to care; thus, allowing the provision of quality, timely, effective, cost-effective, and culturally sensitive service among the population.
Peña-Purcell, N., Han, G., Lee Smith, M., Peterson, R., & Ory, M.	The study aimed at exploring the impact of culturally tailored	Quasi-experimental study.	The study included 122 African	The impact of culturally tailored DSMR on	Culturally tailored DSME was associated with lower	Culturally tailored education may be effective in achieving the best patient

G. (2019). Impact of diabetes self-management education on psychological distress and health outcomes among African Americans and Hispanics/Latinos with diabetes. *Diabetes Spectrum*, *32*(4), 368-377. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6858074/pdf/368.pdf	DSME on diabetes-related outcomes and physiological distress among African Americans and Hispanics/Latinos.		American and 137 Latinos.	diabetes-related outcomes and physiological distress among African Americans and Latinos was explored in this study.	psychological distress and improved self-care, self-efficacy, and knowledge on diabetes among the participants.	outcomes among diabetic African Americans.
Roberts, D. A., Abera, S., Basualdo, G., Kerani, R. P., Mohamed, F., Schwartz, R., & Patel, R. (2021). Barriers to accessing preventive health care	The study aimed at identifying the barriers and facilitators to access preventative care among African-born individuals living	A qualitative descriptive study	The study included16 health event participants, African-born medical professionals, and community leaders in	Barriers and facilitators to accessing preventative care among African-born individuals using key informant	The study's findings indicate that the barriers to care access among African-born individuals include a lack of knowledge and awareness	Respectful and culturally competent health providers help improve access to care among African-born individuals. Therefore, health providers must enhance cultural competence to

among African-born individuals in King County, Washington: A qualitative study involving key informants. *The Public Library of Science, 16*(5), e0250800-e0250813. https://doi.org/10.1371/journal.pone.0250800	in King County, Washington.		King County, Washington.	interviews (KIIs).	of the benefits of preventative services. Additionally, language and cultural differences, health care costs, lack of insurance, structural racism, and complicated relationships between patients and providers. Therefore, respectful and culturally-competent health providers may help improve health care access among African-born individuals.	promote quality, efficient, culturally sensitive, and cost-effective care to African-born individuals.
Shiyanbola, O. O., Brown, C. M., & Ward, E. C. (2018a). "I did not want to	The study aimed at examining the reasons for medication non-compliance	A phenomenology qualitative approach	Forty African Americans aged between 45 to 60 years with type 2	The participants participated in six semi-structured focus groups	The reasons associated with medication non-adherence among African	Non-adherence to medication among African Americans with type 2 diabetes is a significant health

take that medicine": African-Americans' reasons for diabetes medication non-adherence and perceived solutions for enhancing adherence. *Patient Preference and Adherence*, *12*(2018), 409-421. https://doi.org/10.2147/ppa.s152146	among African Americans with type 2 diabetes and their perceived solutions to promote adherence.		diabetes were included in the study for the last year and prescribed at least one medication.	lasting for 90 minutes each. Reasons for medication non-adherence among African Americans with type 2 diabetes and their perceived solutions to enhance compliance were explored.	Americans with type 2 diabetes included fear and frustration of taking medication, concerns about side effects, disbelief of the diagnosis, and limited access to medicine and health information. Participants stated that they took their medication as they valued being alive to perform their family and social roles and believed in the doctors' advice. In addition, the participants indicated that the community church participants,	concern and is associated with poor health outcomes among the population. Therefore, there is a need for health providers to provide African Americans with culturally-sensitive education to promote adherence to mediation; hence, effectively managing the condition.

					and the community church have a role in enhancing medication adherence. Health providers should educate African American patients on the need to take medication and the consequences of not complying with treatment. Also, the community church should advocate for medication use among Africans, thus, promoting treatment adherence.	

Shiyanbola, O. O., Ward, E. C., & Brown, C. M. (2018b). Utilizing the common-sense model to explore African Americans' perception of type 2 diabetes: A qualitative study. PloS One, 13(11), e0207692-e0207692. https://doi.org/10.1371/journal.pone.0207692	The study aimed at exploring African American perceptions of type 2 diabetes based on the common-sense model and self-regulation.	A phenomenology qualitative study	The study included 40 African American men and women aged 45-60 years, diagnosed with type 2 diabetes one year prior to the study, and with at least one prescription medication.	The perceptions of African Americans on type 2 diabetes were explored. Ninety-minute focus groups were conducted among the participants. Qualitative content analysis was conducted to synthesize the findings.	The study findings indicated that African Americans believe that historical issues such as slavery, health providers, the government, and God impacted how diabetes develops. Participants reported feeling frustrated, losing autonomy, and a change of identity as a result of developing diabetes. Also, participants indicated that diabetes made the African American eating family bonding	The meaning African Americans attach to type 2 diabetes may be helpful in diabetes self-care management and medication adherence. Therefore, determining the cultural preferences of African American immigrants from West Africa may be crucial in managing type 2 diabetes, reducing care disparities among the population.

					experience challenging. The participants reported fearing amputation, death, and the inability to prevent the disease among their children or grandchildren. Medication, faith in God, and positive thinking was found helpful in diabetes self-manageme nt.	

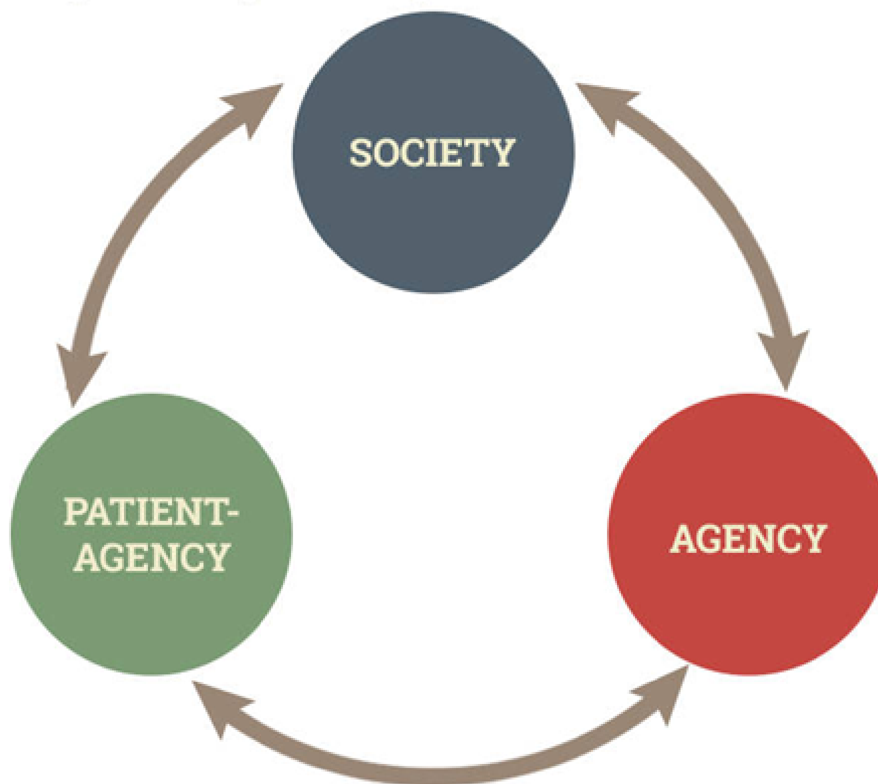
Spears, E. C., Guidry, J. J., & Harvey, I. S. (2018). Measuring type 2 diabetes mellitus knowledge and perceptions of risk in middle-class African Americans. *Health Education Research*, *33*(1), 55-63. https://doi.org/10.1093/her/cyx073	The study examined the specific type 2 diabetes knowledge and perceptions of risk among middle-class African Americans.	Quantitative study	The study included 121 individuals identifying as African Americans living in New Orleans, Louisiana. In addition, middle-class African Americans with an average income of $30,066 per year were included in the study.	Specific type 2 diabetes knowledge and perceptions among middle-class African Americans were explored. In addition, the participants took part in an online survey.	The study findings indicate that the participants were aware of the weight and clinical definitions of overweight, major risk factors for type 2 diabetes. Additionally, middle-class African Americans have similar risks of developing type 2 diabetes as those with a low socioeconomic status.	Therefore, determining the perceptions and type 2 diabetes knowledge among African Americans may be beneficial in establishing health care strategies to promote quality, cost-effective, and culturally competent care to achieve the best outcomes.

Stormacq, C., Van den Broucke, S., & Wosinski, J. (2019). Does health literacy mediate the relationship between socioeconomic status and health disparities? Integrative review. Health Promotion International, 34(5), e1-e17.https://sci-hub.se/https://doi.org/10.1093/heapro/day062	The study aimed at assessing the link between socioeconomic status, health literacy, and disparities in care.	Systematic review and meta-analysis.	The study included sixteen articles.	The link between socioeconomic status, health literacy, and disparities in care was explored.	There was an association between low socioeconomic status and health literacy levels. Educational attainment is a significant determinant of health literacy. Health literacy is linked to patient health status, use of preventative services, quality of life, health outcomes, and health behaviors.	Improving the health literacy of patients may be crucial in improving their access to care; thus, reducing disparities to achieve the best clinical outcomes.
Taylor, Y. J., Davis, M. E., Mohanan, S., Robertson, S., & Robinson, M. D. (2019). Awareness of racial disparities in	The study aimed at assessing the awareness of residents on racial and ethnic disparities, their perceived preparedness to discuss health	A cross-sectional study	The study included 98 primary care residents in two teaching hospitals in North Carolina.	The awareness of residents on racial and ethnic disparities, their perceived preparedness to discuss health disparities with	The study's findings indicate that 83% of the residents were aware of the high prevalence of diabetes among	Health providers should be prepared to identify and address health disparities among diabetic African Americans. Thus, competency training and experiential learning

diabetes among primary care residents and preparedness to discuss disparities with patients. Journal of Racial and Ethnic Health Disparities, 6(2), 237-244.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6997468/	disparities with patients and their preferences for training and resources to improve their preparedness.			patients and their preferences for training and resources to improve their preparedness was explored.	African Americans. However, only 31% of the residents felt prepared to discuss health disparities patients. The main concern of the residents included not being sure on how to share easily understandable information or what to discuss with the patient. Residents indicated that cultural competency training and experiential learning were beneficial in helping residents to identify and	may be beneficial in helping health providers to identify and address barriers to care access among diabetic African American immigrants.

					address health disparities.	

Appendix 4: Orem's Self-Care Theory



Note. The figure is an illustration of Orem's self-care theory retrieved from Gonzalo (2021).

https://nurseslabs.com/dorothea-orems-self-care-theory/

Appendix 5: Stakeholders

Stakeholders
1. Diabetic African American women immigrants from West Africa aged 40-70 years.
2. Community church's leadership
3. Project team
4. Project manager
5. Policymakers
6. Health care organizations

Appendix 6: Needs Assessment

CATEGORY	DATA COLLECTION TOOLS
Gap Analysis	
Individuals and small groups (Church leaders, project team, project manager)	Interviews Surveys Questionnaires
Larger groups (African American immigrants from West Africa)	Interviews Observations
Organizational Needs	
Training	Standards and guidelines Advisory groups
Patient needs (access to care, enhanced knowledge on diabetes, and integration of cultural preferences into services).	Observations Audits Patient satisfaction surveys
Learner Identified Need	
Needs for the learner	Surveys Diaries and reflection
Future needs	
Anticipation	e-Learning platforms

Appendix 7: SWOT Analysis

Strengths	**Weaknesses**
● Proven leadership. ● Availability of technology. ● Effective interprofessional communication and collaboration among community church leaders and members. ● Adequate resources. ● Excellent location	● Low literacy levels among the community church members. ● Low socioeconomic status of members. ● Lack of health insurance among patients from minority groups. ● Lack of culturally appropriate education materials. ● Language barriers. ● Inability of interpreters to accurately express the message being relayed.
Opportunities ● Strategic partnering. ● Resource mobilization. ● Media influence to implement policy change.	**Threats** ● Industrial unrest. ● African American immigrant dissatisfaction.

Appendix 8: Outcome Measures

Outcome measure(s)		
Measures Name	**Operational Definition**	**Data Collection Plan**
1. Enhanced understanding of healthcare access barriers among African American Migrants from West Africa **2.** Enhanced trust and comfort with the healthcare workers due to elimination of barriers to health care access among the target audience **3.** Improved care delivery due to healthcare workers understanding of the barriers faced by West African migrants when seeking care	-African Americans face significant barriers when accessing care. They include poverty, lack of health insurance, limited means of transportation, living in underserved/rural areas, low health literacy, cultural and language barriers, discrimination and racism, and unemployment. Addressing these barriers is paramount to improving health outcomes and trust with the healthcare workers among African American migrants and improving self-care management among participants	• Semi-structured interviews and survey questions will be used to collect data about perceived and actual barriers among African American migrants from West Africa when seeking healthcare and the strategies they believe will address these barriers. The survey questions include: • Have you sought out healthcare services in the United States in the last 5 years? • What type of setting did you seek healthcare • How well do you feel the healthcare organizations that you have been to have supported your concerns and have helped in managing chronic health conditions such as diabetes? • Have you used any of the resources at the community level to manage your healthcare condition? • What are the issues that prevent you from seeking healthcare • Based on your experience with the U.S healthcare system, identify strategies that can eliminate healthcare access barriers and improve migrant's trust with the healthcare system and healthcare access

Appendix 9: The Logic Model

Process Components of Model	**Examples**
Input (Resources)	● Time to train participants on diabetes and self-care management ● Church leaders and other partners to help implement the program by providing information regarding healthcare access barriers and help with follow-up interviews after project implementation ● Facility to conduct training ● Money to design culturally appropriate educational materials, including fliers and pamphlets in a language they understand better. ● Educating diabetic African American women immigrants from West Africa aged between 40 and 70 years residing in metropolitan areas in Minnesota on personal responsibilities and lifestyle modifications such as weight management, exercise, and diet to help improve the management of diabetes ● My training ensures that I organize and empower participants to obtain necessary information regarding diabetes and self-management techniques. ● Participants' Diabetes Survey questionnaire to guide the education program
Activities	● Individual education about diabetes and diabetes self-management ● Discussion about African American migrants' healthcare access barriers ● Church leaders and other partners providing first-hand information regarding barriers and cultural preferences in healthcare delivery among African American immigrants from West Africa
Outputs	● Community members educated on diabetes ● Increased awareness of diabetes and associated complications ● Increased trust with healthcare because of healthcare workers understanding of healthcare barriers faced by African American migrants from West African when accessing care
Outcome Components of the Model	**Examples**
Short-term outcomes	● Increased number of individuals accessing care

	● Increased knowledge of diabetes and the importance of lifestyle modification ● Enhanced understanding of diabetes self-management techniques, including medication adherence, increased physical activities, and diet modification
Intermediate Outcome	● Change in individual behaviors, including healthy eating and increased exercise levels ● Improved healthcare access due to elimination of access barriers ● Changes in healthcare workers' practices when handling African American migrants from West Africa
Long-Term Outcomes	● Prevention and effective diabetes management because of increased awareness of the disease, its causes, and self-management strategies ● Reduced diabetes-related complications ● Ease of access of necessary healthcare services ● Changes in diabetes-related mortality and morbidity ● Changes in beliefs regarding Diabetes

Appendix 10: IRB Approval

Institutional Review Board

DATE: May 1, 2023

TO: Ami Khan and [Dr. Rhea Ferry]

FROM: The College of St. Scholastica, Institutional Review Board

RE: Improving Health Care Access Among African Americans from West Africa
SUBMISSION TYPE: New Project
ACTION: NOT RESEARCH
REVIEW TYPE: Expedited Review

Thank you for your submission of materials for your project. The College of St. Scholastica Institutional Review Board has reviewed your application and determined that the proposed activity does not meet the definition of research under the Code of Federal Regulations 45 Part 46.102 provided by the Department of Health and Human Services. As such, your project does not require ongoing review or approval from The College of St. Scholastica Institutional Review Board. We will retain a copy of this correspondence within our records.

Before you begin data collection, please remove the word 'require' from your consent form.

Any modification to your project procedures that could change the determination of "not research" must be submitted to the IRB before implementation.

If you have any questions, please contact Nicole Nowak through the project email function in IRBNet or nnowaksaenz@css.edu. Please include your study title and reference number in all correspondence with the IRB office.

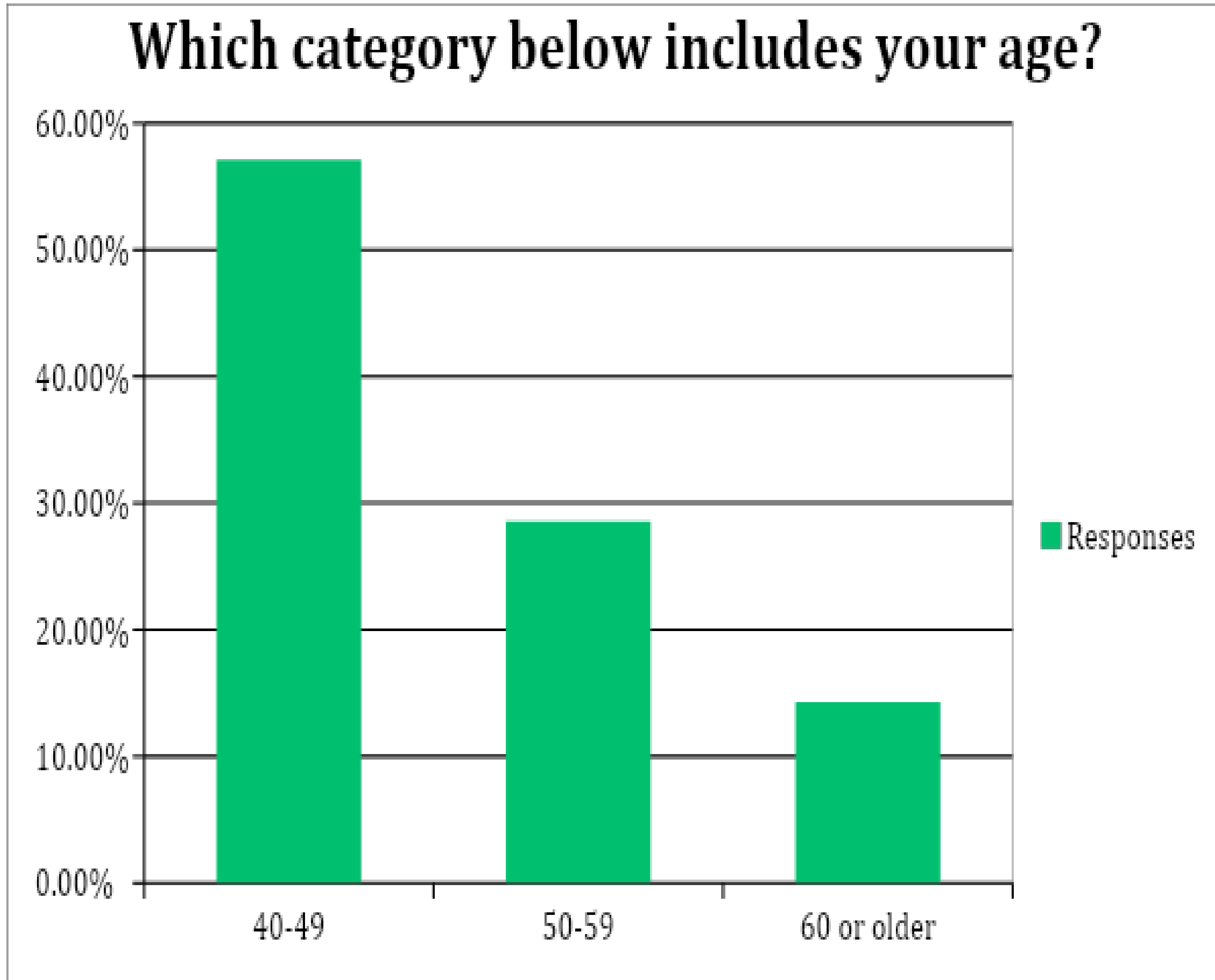
Best regards,

Nicole T. Nowak, Ph.D.
Chair, Institutional Review Board
The College of St. Scholastica
Duluth, MN 55811

List of Figures

Figure 1

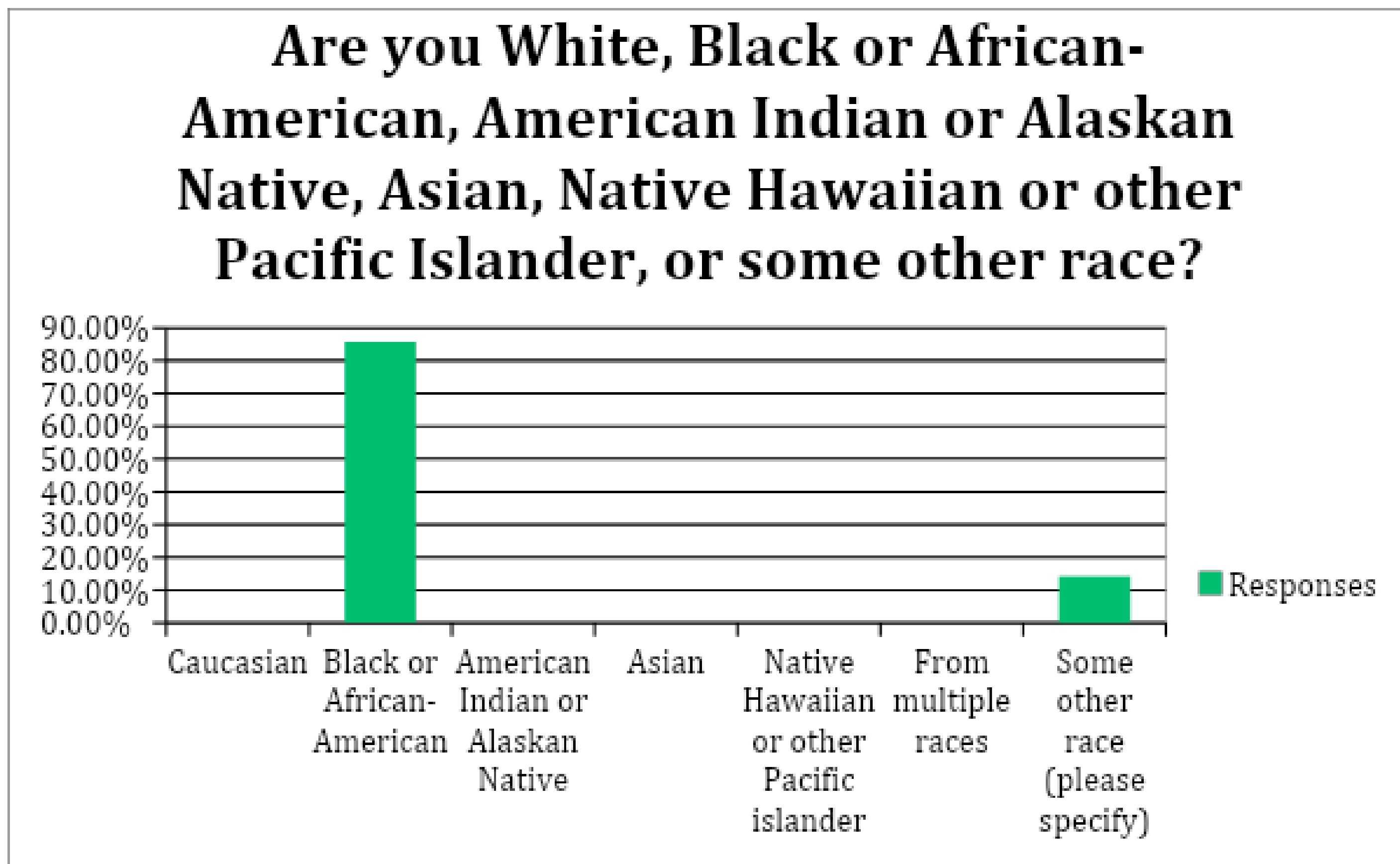
Age group of the study participants



Note. *This graph shows age group of the study participants*

Figure 2

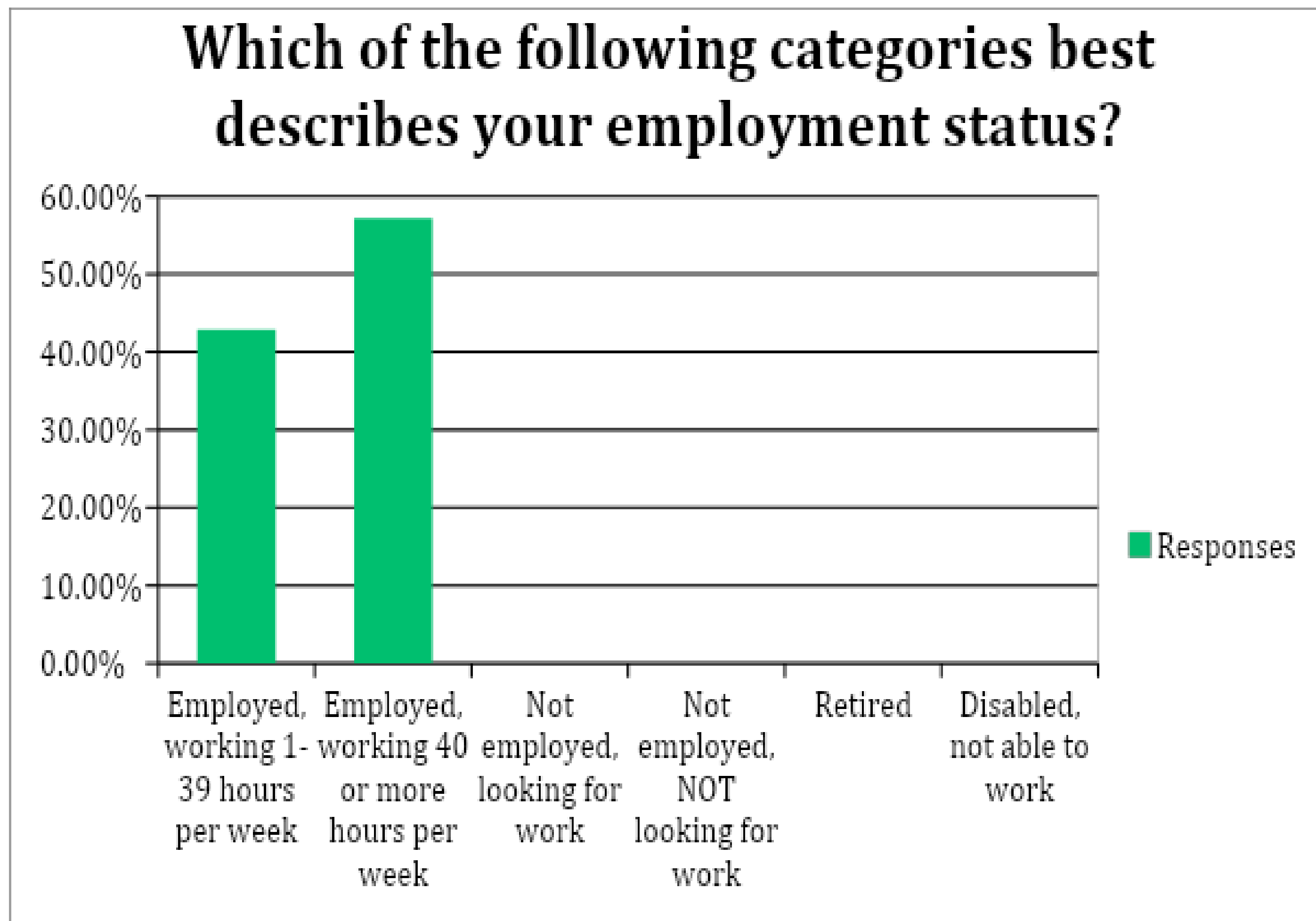
Racial/ethnic background of the study participants



Note: this graph shows Racial/ethnic background of the study participants

Figure 3

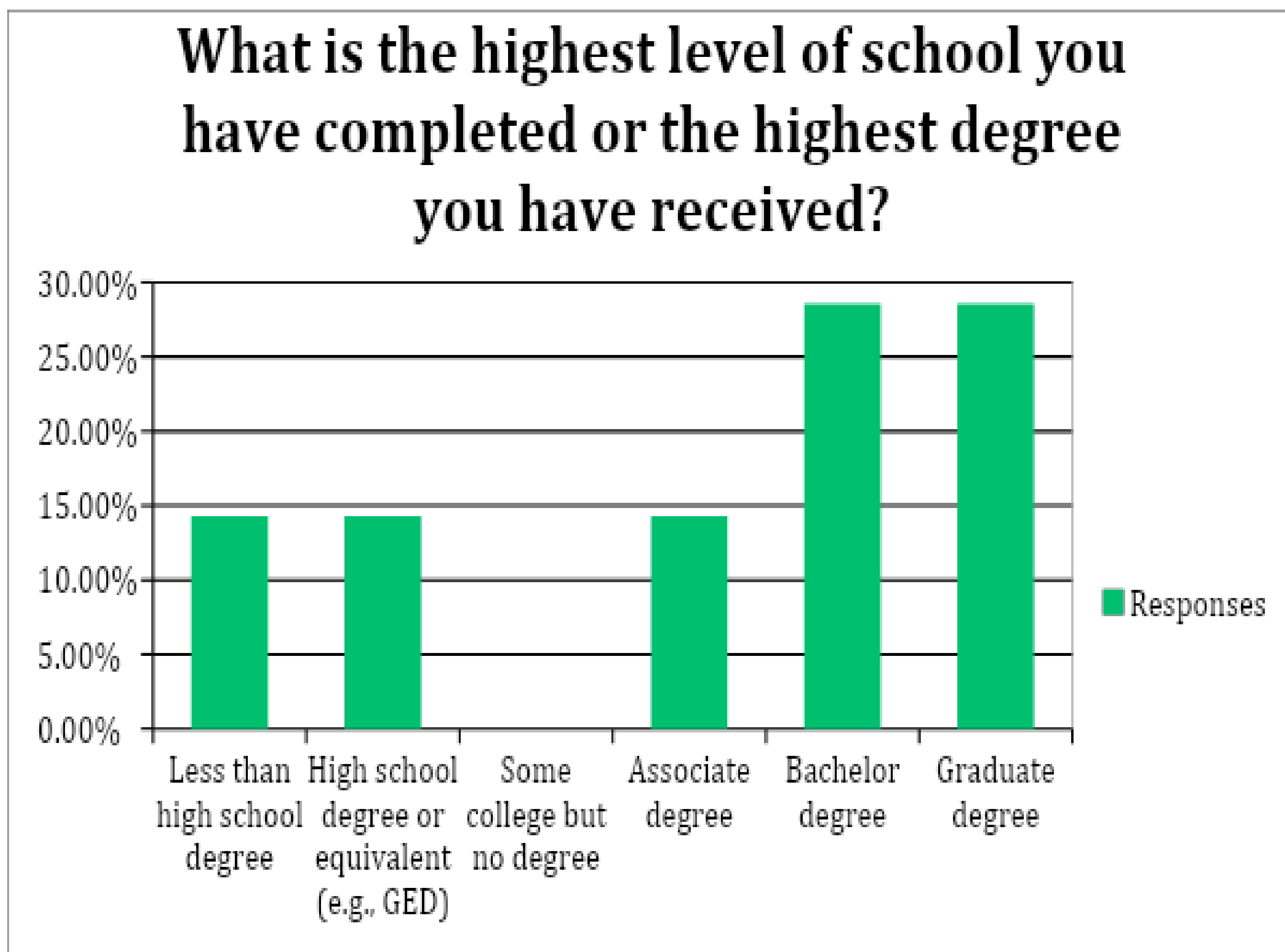
Employment Status for study participants



Note. This graph shows Employment Status for study participants.

Figure 4

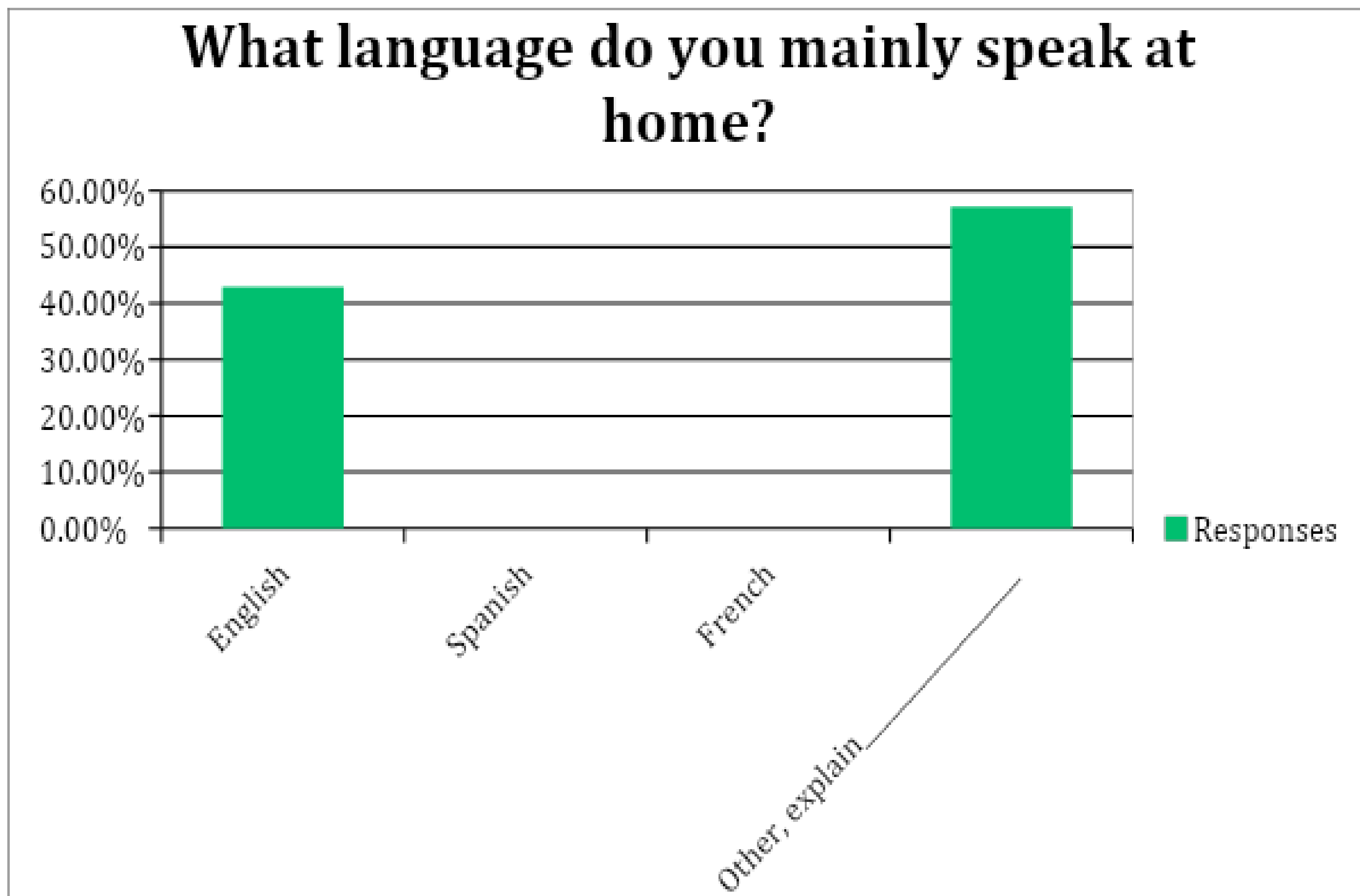
Education level of Study participants



Note. This graph shows shows education level for study participants

Figure 5

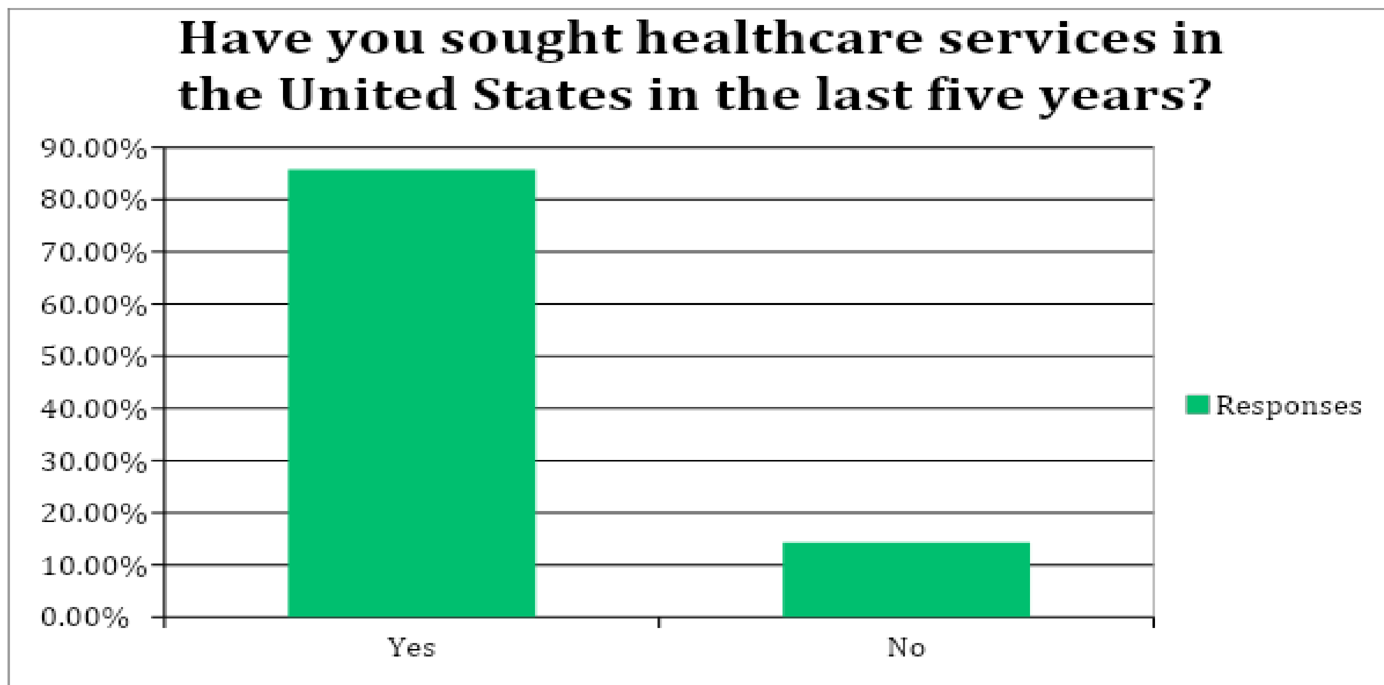
Spoken languages at home for study participants



Note. Spoken languages at home for study participants

Figure 6

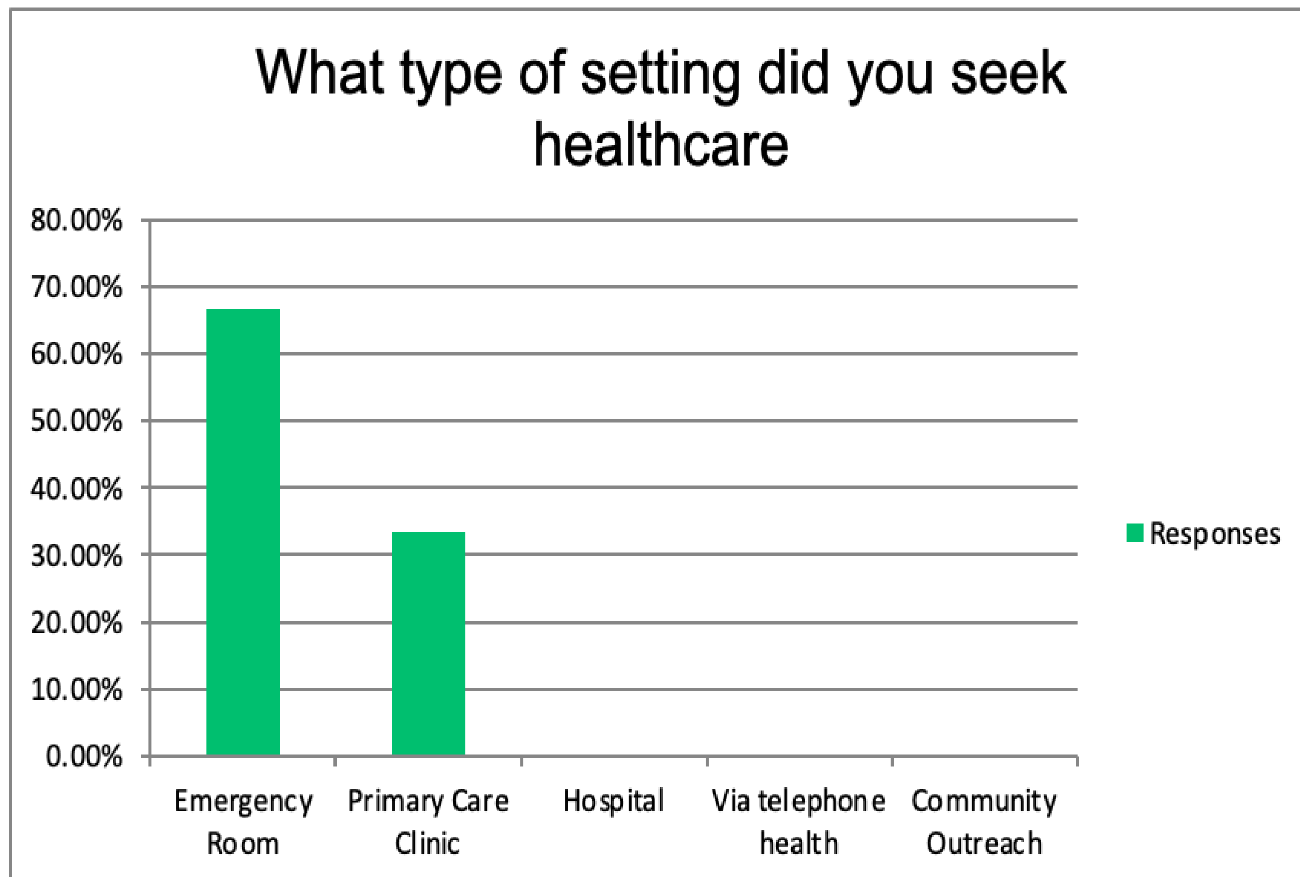
Number of participants who have sought healthcare in the United States in the last five years



Note. This graph shows Number of participants who have sought healthcare in the United States in the last five years

Figure 7

Settings where participants have sought healthcare



Note. *This graph shows various settings where study participants have sought healthcare.*

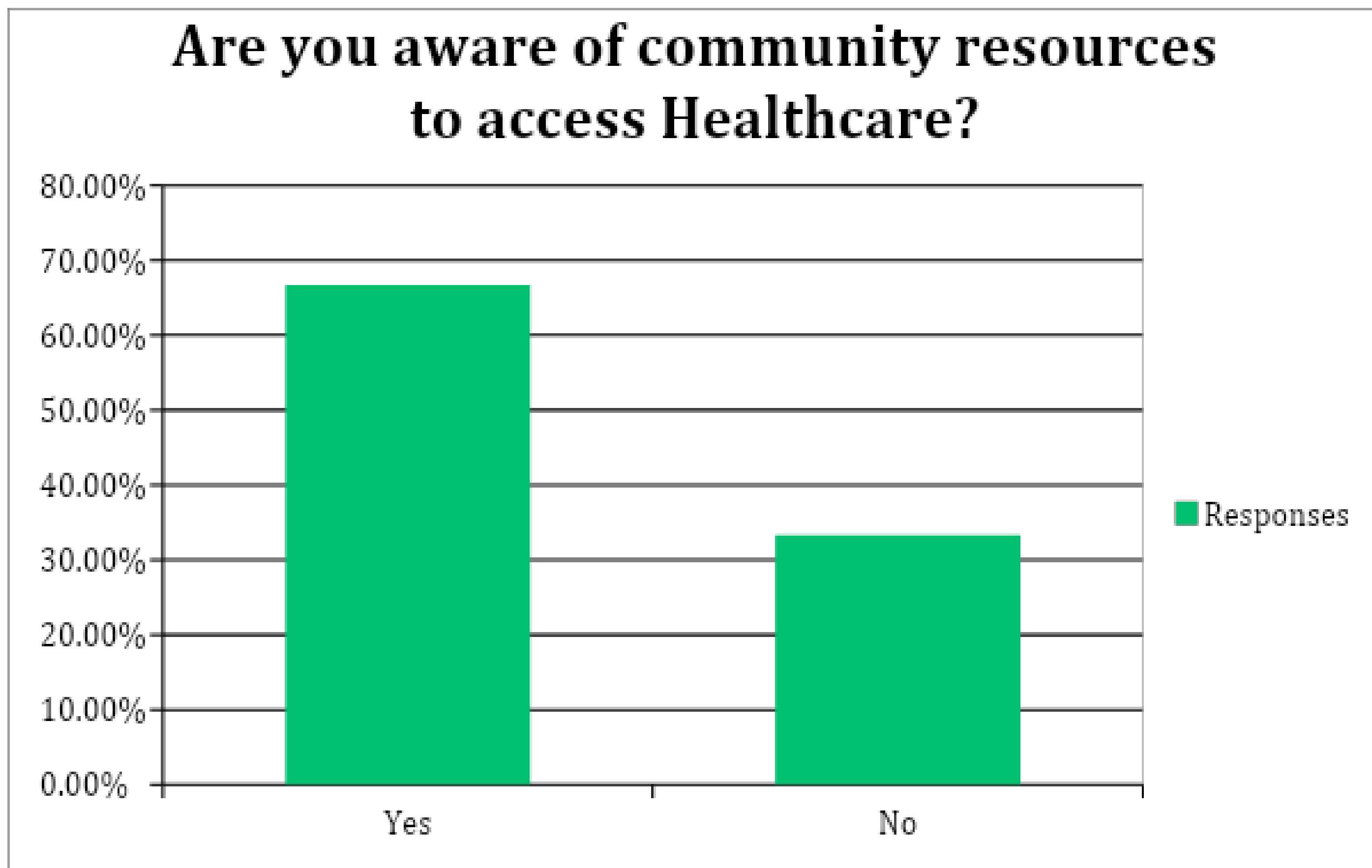
Figure 8

Level of support participants have received from healthcare organizations

Note. *This graph shows the level of support participants have received from healthcare organizations*

Figure 9

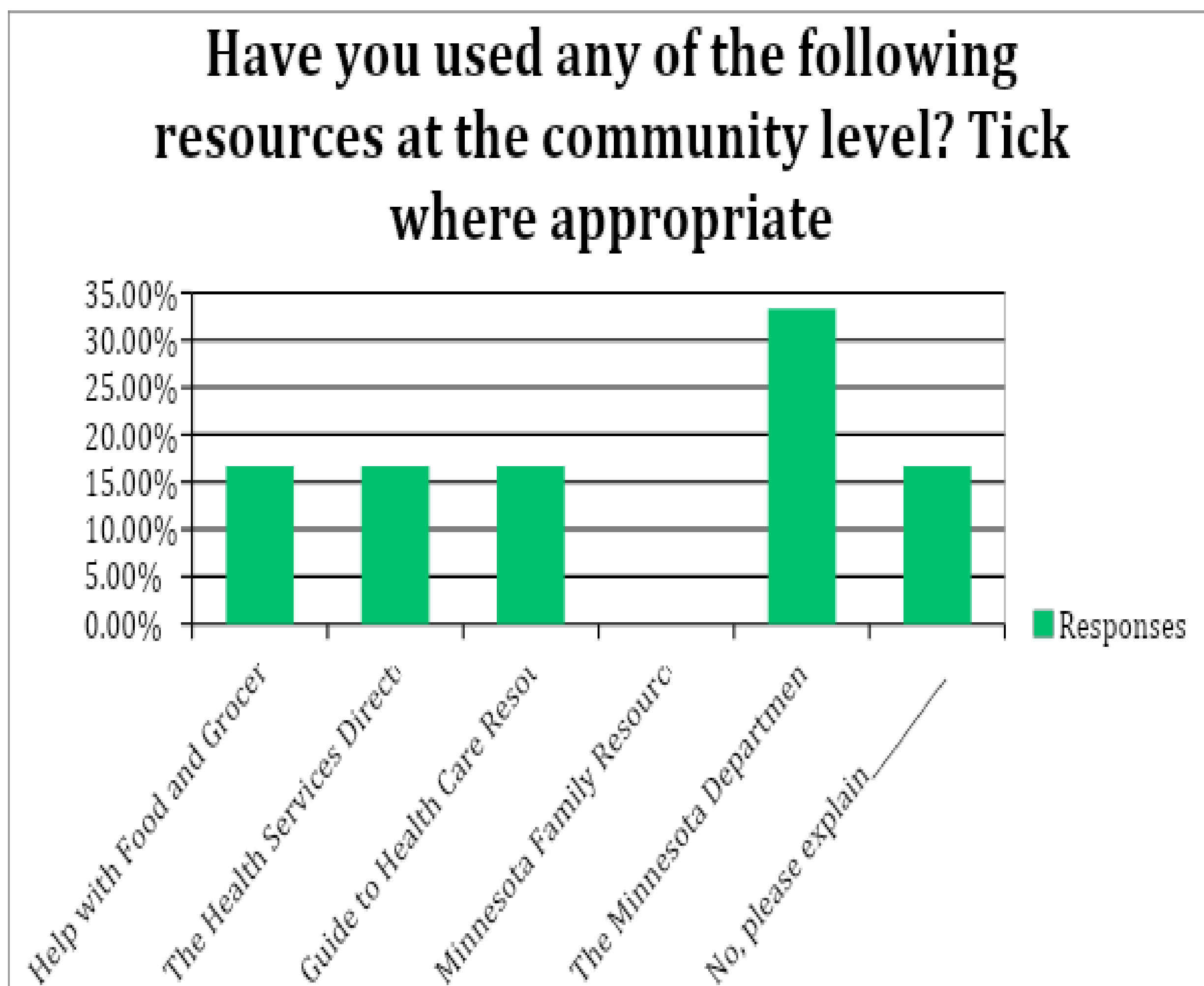
Participant's awareness of community resources to access healthcare.



Note. This graph shows participant's awareness of community resources to access healthcare.

Figure 10

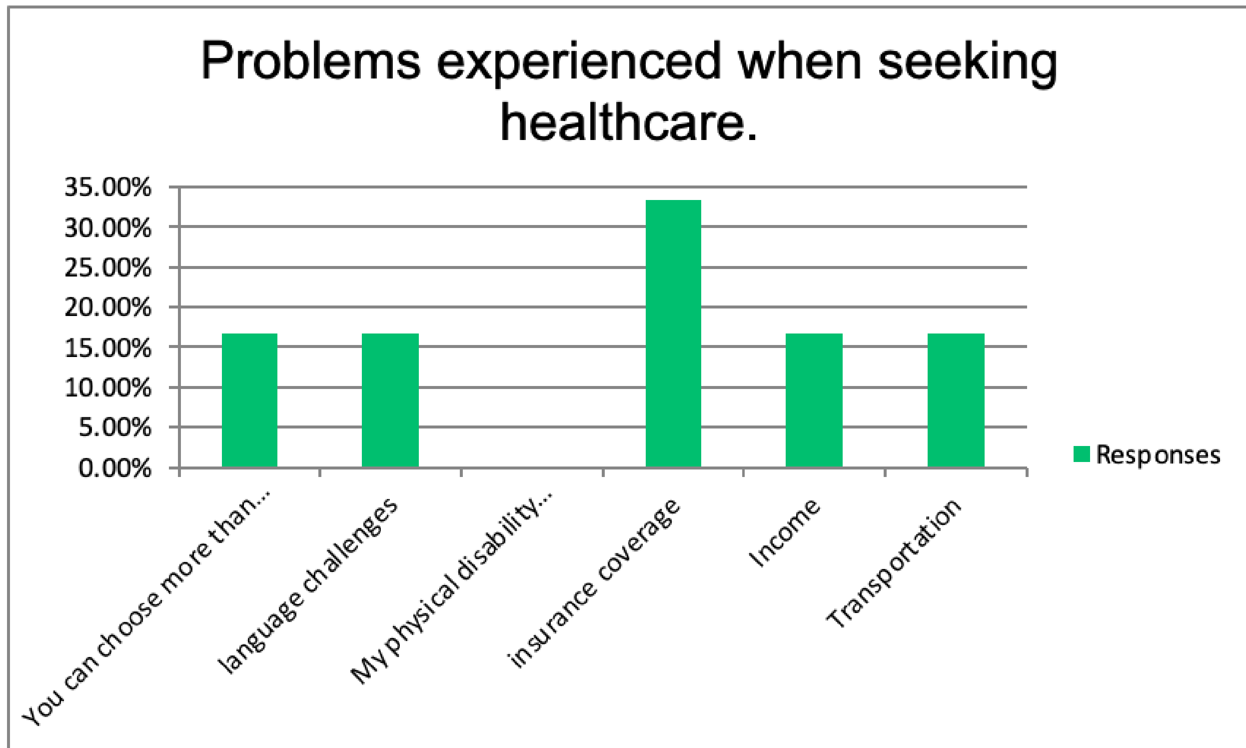
Participants' access to community resources



Note. *This graph shows the various healthcare community resources that study participants have accessed.*

Figure 11

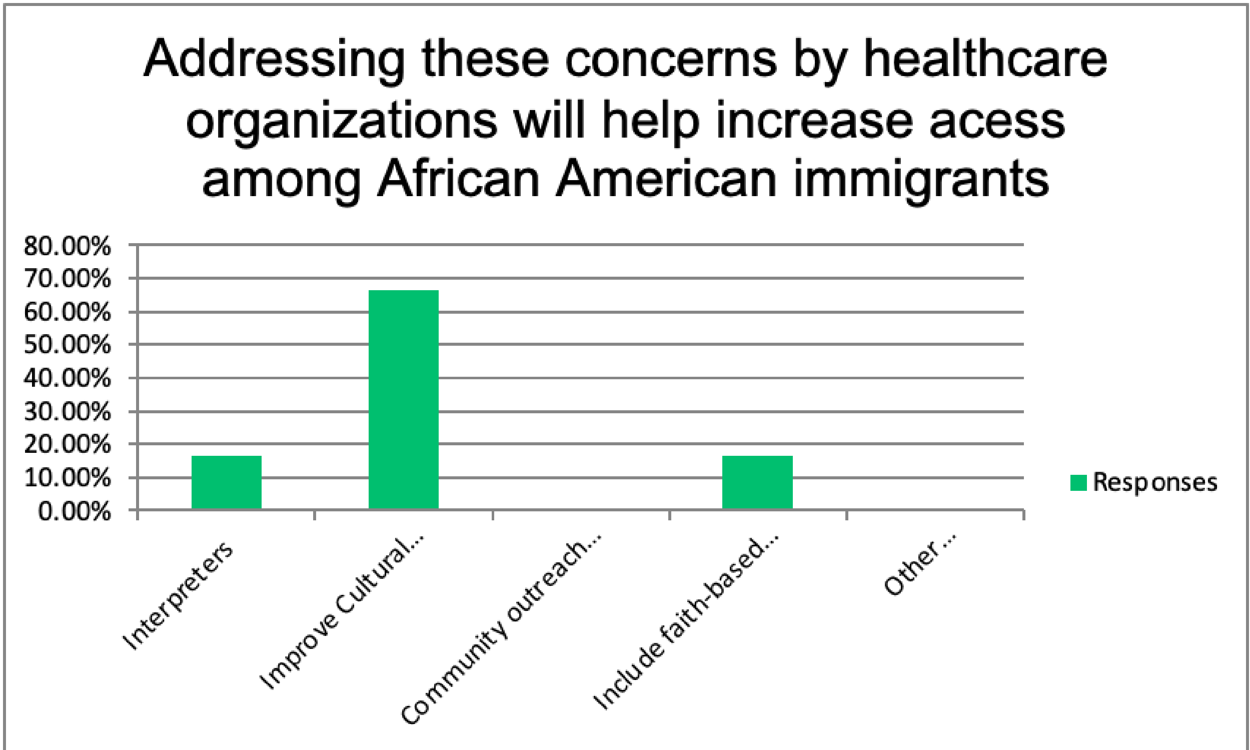
Issues that Undermine study participants from seeking healthcare access



Note. *This graph shows different issues that undermine study participants from seeking healthcare access.*

Figure 12

Strategies to improve healthcare access among migrants



Note. *This graph shows areas healthcare organizations can address to improve healthcare access among migrants*