Assessing and Treating Diabetes in Diverse Populations

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Objectives

The purpose of this activity is to enable the learner to:

• List cultural barriers that make diagnosing and treating diabetes in diverse populations most difficult
• Describe 3 unique ways that the American diet makes diverse cultures more susceptible to diabetes.
• Compare and contrast how the native diet of diverse cultures can lead to diabetes or actually prevent diabetes
• List 3 tools a healthcare professional can use to overcome cultural barriers and more accurately diagnose and treat diabetes in patients of diverse cultures.
• Describe how our healthcare system creates barriers to effectively treating diverse populations.
308.7 Million in US (2010)
NC Population by Ethnicity 2010

• Hispanic-800,120
• Non-Hispanic-8.735,363
<table>
<thead>
<tr>
<th>Race</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6,528,950</td>
</tr>
<tr>
<td>African American</td>
<td>2,048,628</td>
</tr>
<tr>
<td>Asian</td>
<td>208,962</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>122,110</td>
</tr>
<tr>
<td>Native Hawaiian and Pacific Islander</td>
<td>6,604</td>
</tr>
<tr>
<td>Other</td>
<td>414,030</td>
</tr>
<tr>
<td>Identified by two or more</td>
<td>206,199</td>
</tr>
</tbody>
</table>
Communication

• Consider how challenging communication can be before factoring in a different language and/or culture

• 60% of information that goes into a diagnosis results from the medical interview (HPI)

• Effective communication is equally important in educating our patients and developing an acceptable treatment plan

• Without clear communication we cannot deliver the quality of care to which we are committed
Culture

Defined by Leininger, culture refers to:

“learned, shared, and transmitted values, beliefs, norms, and life ways to a specific individual or group that guide their thinking, decisions, actions, and patterned ways of living”
Culture

• Can be complicated to define
• Concept is ever changing within ethnic groups it attempts to describe
• Encompasses day-to-day lives and activities of people
• There are subcultures within cultures

EVERY PATIENT deserves a cultural assessment
Common Barriers to Treatment

- Communication difficulties between patient and provider
- Cultural barriers
- Provider stereotyping
- Lack of access to health care
- Geography
- Inadequate health care coverage
Can Stereotyping Really Influence the Clinical Encounter?

• Penner et al. (2010) concluded that white physicians’ implicit racial biases resulted in less positive interactions with black patients especially for MDs who displayed low explicit bias and high implicit bias

• Cooper et al. (2012) found that higher implicit race bias scores were associated with more verbal dominance and lower patient positive affect for black patients
Situations that Promote Stereotyping

- Situations of high uncertainty (filling in gaps of information)
- Complicated tasks
- Time constraints
- Resource constraints
- Provider stress and exhaustion

Do you foresee any of these reasons contributing to poor communication?
Communication Patterns Vary

Verbal
- Topics such as sexuality and death may or may not be acceptable
- Forthright discussion may be considered rude
- Loud voice may mean anger or enthusiasm
- Finishing a conversation vs. being on time may be more valued

Nonverbal
- Direct eye contact can be a sign of respect or disrespect
- Standing “too close” may be viewed as aggressive or backing up when approached may be viewed as distant
- Silence may show respect or acknowledgement
LEARN Method

- **L**isten with empathy and understanding to the patient or person’s perception
- **E**xplain your perception
- **A**cknowledge and discuss the differences and similarities
- **R**ecommend treatment/resolution
- **N**egotiate treatment
Kleinman’s Nine Questions

1) What do you call your problem?
2) What do you think caused your problem?
3) Why do you think it started when it did?
4) What does your sickness do to you?
5) How severe is it?
6) What do you fear most about your disorder?
7) What are the chief problems that your sickness has caused for you?
8) What kind of treatment do you think you should receive?
9) What are the most important results you hope to receive from the treatment?
Remember . . .

Improvement in communication, similar to cultural competence, requires sustained effort. It is an ongoing process that yields great rewards.

- Improves patient care outcomes
- Strengthens relationships
- Reduces litigation
- Enhances professional satisfaction
If An Interpreter is Used...

- **Qualified interpreter**
  - Trained professional
  - Governed by interpreters’ common code of ethics
  - Basic function is to provide translation while maintaining a disengaged presence

**Considerations when selecting a qualified interpreter:**

- Dialect
- Gender if discussing sensitive issues
- Appearance/social/ethnic issues
- Attitude
Research shows . . .

- Communication without an interpreter poses a risk of misdiagnosis and possible inappropriate treatment.

- Language barriers are associated with significant disparities in healthcare access and quality.

- Use of interpreter services can mitigate disparities, improving comprehension and outcomes.
What do you feel like is the influence of cultural displacement on the prevalence of diabetes and other health problems among diverse cultures?
Facts About Diabetes and Asians

• Despite having lower body weight, Asian Americans are more likely than Caucasians to have diabetes. Diabetes is a rapidly growing health challenge among Asians and Pacific Islanders who have immigrated to the United States, affecting about 10% of Asian Americans; about 90 to 95% of Asians with diabetes have type 2 diabetes.

• According to the International Diabetes Federation in 2010, approximately 26.8 million people have diabetes in the United States. But diabetes is also spreading more rapidly in Asia than anywhere else in the world. The World Health Organization and the International Diabetes Federation (IDF) predict that the diabetes rate in Asia is expected to increase dramatically by 2030, with India and China together accounting for approximately 150 million people.
High Risk Factors for Asians

• A genetic susceptibility to insulin resistance has been suggested as the main predisposing factor

• Lifestyle factors may be an important determinant in the increased risk of type 2 diabetes amongst South Asians. The HSE has found that Indians, Pakistanis and Bangladeshis are respectively 14%, 30% and 45% less likely to meet current guidelines for physical activity than the general population.[23] Qualitative study of South Asian women has shown that many barriers exist to increasing physical activity, including other physical ailments, cultural norms, and social expectations.
Risk Factors continued...

- Other potential environmental determinants of diabetes appear to be more common amongst South Asian populations, such as Vitamin D deficiency, the chewing of Arecha catechu (betel) nut, and a high prevalence of cigarette smoking in some South Asian populations (Bangladeshis and Pakistanis)
Examples of Cultural Challenges for Preventing Diabetes in Asians

• Amongst Bangladeshi people in East London, prayer was frequently cited as sufficient to sustain health, and discordance was observed between people who believed exercise was socially and religiously unacceptable and those that thought it was supported by the religious teaching and the wider community.

• Social expectation of ‘special' foods, a need to cook "in compliance of society's expectation“

• The wife's role as provider of tasty meals versus guardian of family health, and the desire to exercise versus fear of social disapproval.
Facts About Diabetes and Hispanics

- The risk of diabetes is 66% higher among Hispanic/Latino Americans than among non-Hispanic white Americans.
- Hispanics are 1.5 times more likely than non-Hispanic whites to die from diabetes. It is the fifth leading cause of death in Hispanics in the US.
- The prevalence of diabetes varies among Hispanic populations: Mexican Americans tend to be more susceptible than South Americans to Type 2 diabetes.
Risk Factors for Hispanic Population

- Hispanics are more likely to store fat in their pancreas, but less likely to be able to produce more insulin to compensate for this excess fat, putting them at higher risk for type 2 diabetes.
- Mexican Americans are one of the fattest groups in what is one of the fattest nations on earth. 3 out of 4 Mexican American adults were either overweight or obese at the end of the 20th century. Plentiful and unhealthy diets, many hours of television watching, and a reluctance to exercise are some of the factors blamed.
Native Americans and Diabetes

• Cherokee men and women are twice as likely to be obese as members of other racial and ethnic groups in North Carolina.

• The prevalence rate of type 2 diabetes among Cherokee men and women combined is 23.8%. This rate is more than three times the combined rate for men and women from all other racial and ethnic groups in North Carolina.

• Diabetes is the fourth leading cause of death among Native Americans according to the CDC.
• Diabetes rates are highest in full-blooded Native Americans, as first observed in Choctaw Indians in 1965 and subsequently in other tribes. The prevalence of diabetes in residents of the Pima community in Arizona is the highest in individuals of full Native American heritage. About 50 percent of the tribe between the ages of 30 and 64 have diabetes. Prevalence of Type 2 diabetes among all Native American tribes in the United States is 12.2 percent of those over 19 years of age.

• The prevalence of Type 2 diabetes in Native American communities has increased dramatically during the second half of this century.
Risk Factors for Native Americans

- As is the case with other high-risk populations, research indicates that there is a genetic basis behind the rise in prevalence of diabetes among Native Americans.
- Obesity is a major risk factor for diabetes in many tribes, with increasing rates of obesity measured in several communities in the United States and Canada. This increase can be linked to the tribes’ move away from traditional diets and lifestyles towards more modern and sedentary ways of life.
- Increased alcohol use and binge drinking.
Questions?
References


References


Online Resources

- [http://www.aihd.ku.edu/health/history_declining_health.html](http://www.aihd.ku.edu/health/history_declining_health.html)- American Indian Health and Diet Project excellent resource on dietary issues for Native Americans
- [http://aadi.joslin.org/content/asian/why-are-asians-higher-risk-diabetes](http://aadi.joslin.org/content/asian/why-are-asians-higher-risk-diabetes)- examines the reasons Asians are at higher risk for diabetes
Online Resources continued...


More Online Resources