

Culturally Relevant Diabetes Management in Latinos with Diabetes

Amparo Gonzalez, MPH RN, CDE, FADE
Director NA Professional Education
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Johnson & Johnson
DIAGNOSTICS DIVISION

Agenda

- State of Diabetes in Minorities
- Trends
- Self Care Behaviors
- Assessment of Health Beliefs
- Communication Tips
- Emory Latino Diabetes Education Program
Program outcomes
- Education materials and other tools

Program Goal

- To aid healthcare professionals in the further development of their skills and expertise, in management and self care using culturally appropriate interventions for the Latino patient with Diabetes.

Objectives

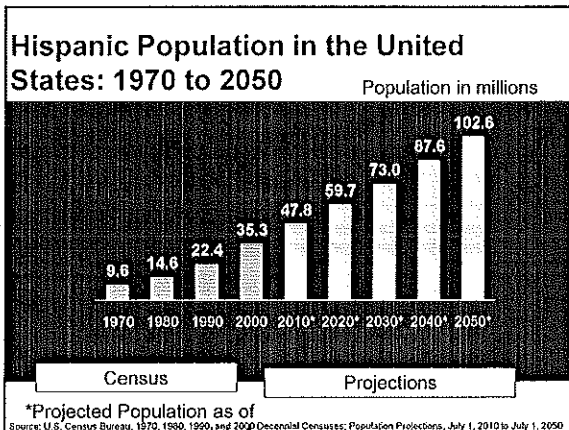
Upon completion of this program, the participant will be able to:

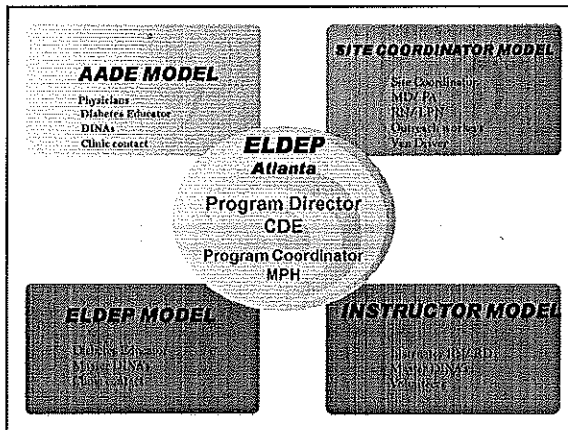
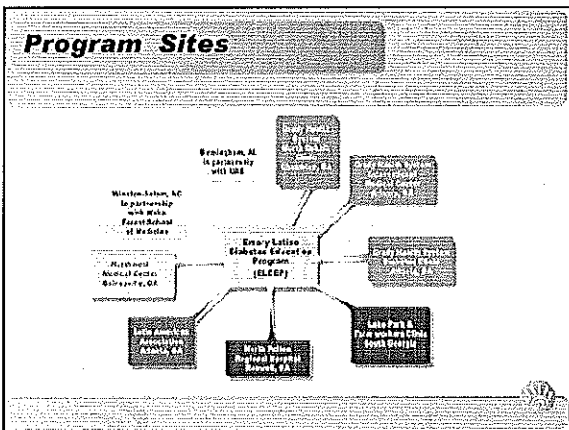
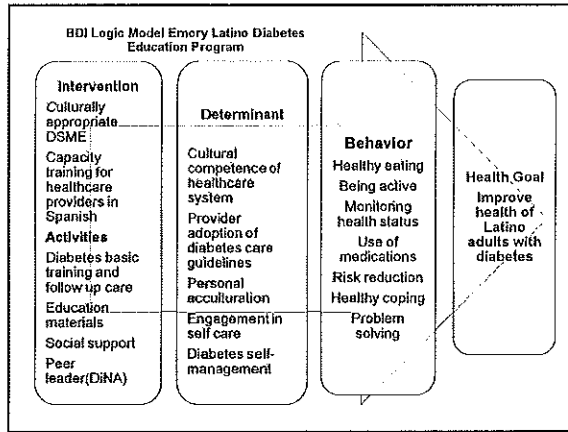
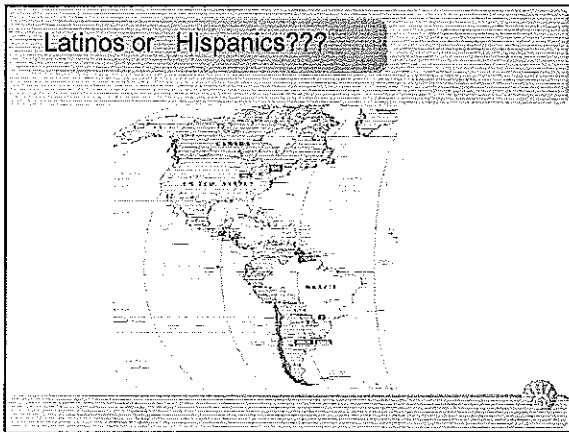
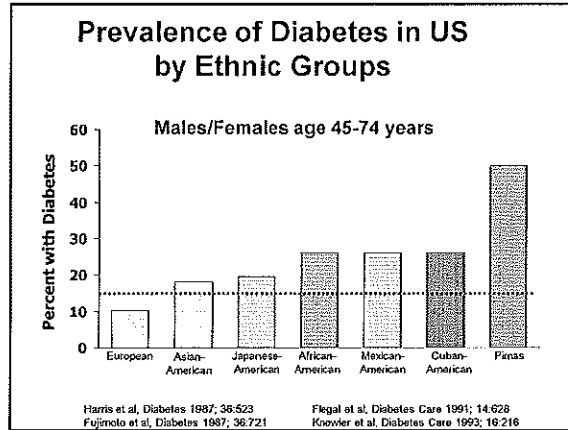
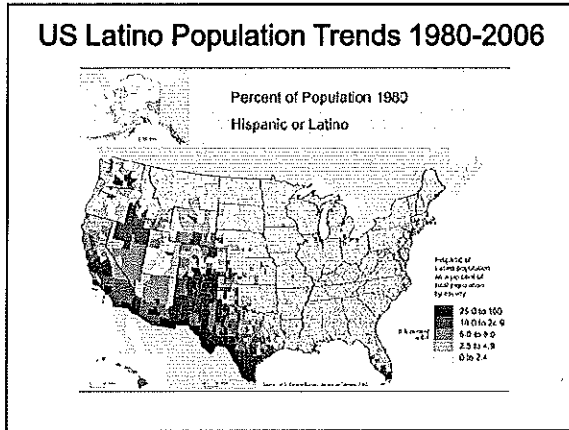
- Discuss the burden of diabetes on the Hispano/Latino community
- Identify and apply the AADE Self Care behaviors as the framework of the education process
- Identify culturally appropriate education interventions in the management of diabetes

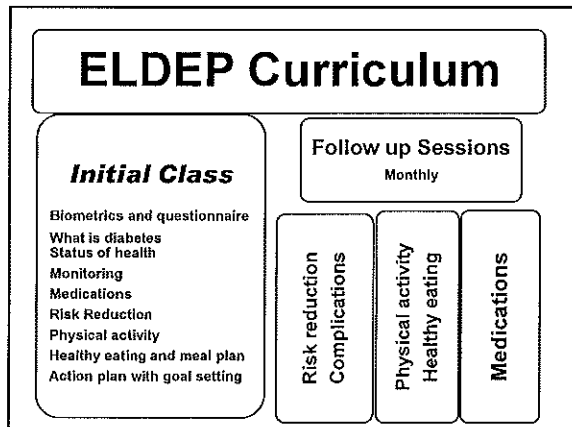
State of Diabetes in Minorities

- "minority populations, including African Americans, Hispanics, Native Americans, and Asians, have the highest incidence of diabetes and the highest complications of the disease"
- Hispanic Americans and African Americans are almost twice as likely to have diabetes in comparison to white Americans
- African Americans and Hispanic Americans show a higher incidence of suffering from diabetes related complications including but not limited to eye and kidney disease, amputations, heart disease, heart stroke etc
- Mexican American women participated in little or no exercise". In addition, both African Americans and Hispanic Americans experience higher rates of obesity than white Americans; these rates continue to be on the rise.

National Diabetes Design Issues, Minority Population Diabetes Prevalence, and Control Act 2003








Self-care Behaviors



Healthy eating
 Being active
 Monitoring
 Taking medication
 Problem-solving
 Healthy coping
 Reducing risks



Boren, S.A., Systematic Review of AADE 7 (2007). *The Diabetes Educator*, 32, 666.

Viva Mas y Mejor con su Diabetes Bajo Control

- DSMT for Spanish speaking patients
- Nationally accredited by AADE
- 3 + years 800 patients, 900 healthcare professionals

2011 ELDEP Participants Sociodemographic Characteristics

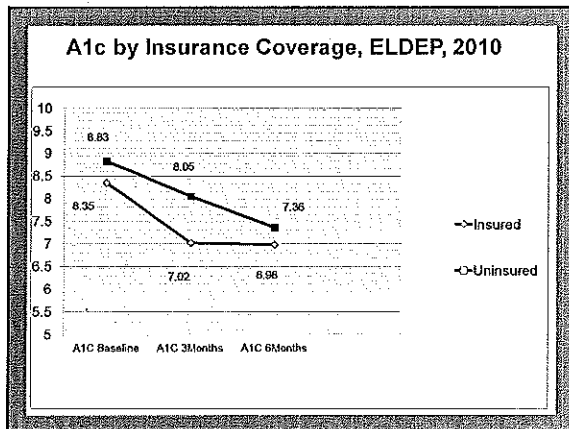
n=805	
Age	50 ± 0.7
Gender	Female 61.3% (n=482)
Employment	Yes 49% (n=403)
Income < \$15,000	Yes 76.1% (n=530)
Access to Health Insurance	Yes 23.9% (n=191)
Literacy	
Unable to read in Spanish	Yes 55.8 % (n=450)
Unable to write in Spanish	Yes 59.7% (n=481)
Unable to read in English	Yes 93.1% (n=750)
Unable to write in English	Yes 94.9% (n=765)

ELDEP 2010 Diabetes Self-Management Behaviors: Comparison between Baseline and Follow up Data

Variables	Baseline	% Total	Follow up	% Total	p
Yearly Eye Exam	351	45.6	83	55.7	<.001
Yearly Dental Exam	232	30.2	49	31.4	<.001
Daily Foot Exam	373	48.9	101	67.3	<.001
Yearly Flu Vaccine	301	39.3	80	51.6	<.001
Engage in Physical Activity	413	53.6	124	82.7	<.01
Home Blood Glucose Monitoring	486	63.2	129	85.4	<.001
Keeps a Blood Glucose Log	339	46.6	98	64.5	<.001
Knows Type of Diabetes	427	57.1	119	82.1	<.001

ELDEP 2010 Mean Differences in Clinical Outcomes Baseline and 3-6 month Follow up

	Mean Baseline (reference)	Mean 3 Months follow up	p-value	Mean Baseline (reference)	Mean 6 Months follow up	p-value
A1c	9.10	7.88	<.001 (n=125)	9.02	7.45	<.01 (n=20)
Systolic BP	134.96	127.56	<.001 (n=142)	132.43	129.48	.41 (n=23)
Diastolic BP	85.0	78.7	<.001 (n=142)	80.96	80.91	.97 (n=23)
Weight	170.53	168.31	.11 (n=141)	179.09	182.30	<.01 (n=23)
Waist Circumference (inches)	38.93	38.92	.96 (n=132)	40.43	40.26	.77 (n=23)



Assessment of health beliefs

- What do you think has caused your diabetes?
- Why do you think it started when it did?
- What do you think diabetes does to you? how does it work?
- How serious is your diabetes, do think you will get better soon?
- What problems has diabetes caused to you ?
- What concerns you most about your diabetes?

McEvoy, A. (1981) Patients and healers in the context of culture. The Regents of the University of California

Communication Tips

- Introduce yourself in Spanish or slowly
- Speak clearly, slowly and don't raise your voice
- Include Familiarity
- Incorporate some type of touch
- When using an interpreter
- When using a language line
- Ask patient to repeat instructions

Problem solving and healthy coping

- Health beliefs
- Empowerment
- Who makes decisions at home
- Degree of acculturation
- Knowledge of healthcare system
- Transportation
- Immigration status
- Language
- Insurance
- Time Orientation

Healthy Eating

- Individualized meal plan
- Time of meals
- Name of meals
- Preferred food from country of origin
- Adopted foods from US and other countries
- Food labels
- Sources of carbs
- Sources of fat
- Alcohol and special events

Being Active

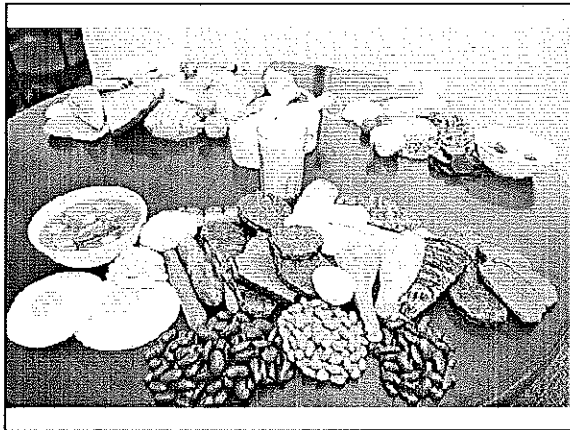
- Gender specific
 - Males
 - Females
- Mainstream
- Dance
 - NDEP
 - Radio
- Identify barriers
 - Physical, environmental and psychological

Taking Medications

- Name
- Action
- Side effects
- Meds from country of origin
- Home remedies
- Evaluate if meds are being used
- Fear of insulin
- Financial barriers

Monitoring

- Adapt to financial ability
- Importance and purpose of testing
- Bg target
- Technique
- Schedule
- Recording results
- Providing info to healthcare providers
- Sharps disposal



Education Materials

Education Materials

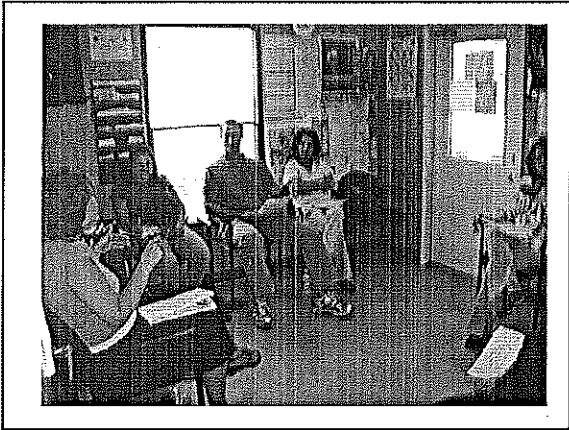
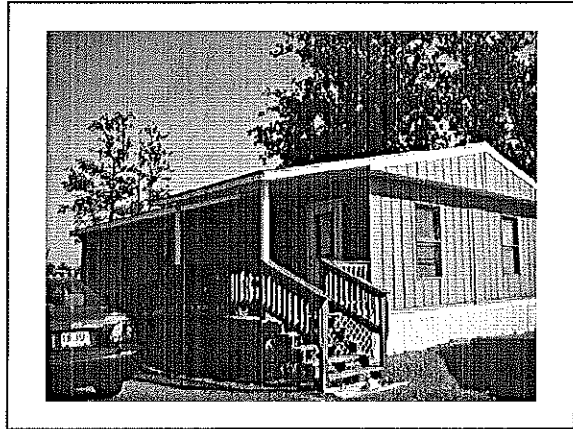
Education Materials

Marketing Materials

¡Viva más y mejor... con tu diabetes bajo control!

Su próxima clase será sobre:

- Comer Saludablemente
- Medicamentos
- Complicaciones
- Aumentar mi actividad física



Muchas gracias!
Thanks!
Questions?
agon...@its.jnj.com

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