

Health Care Disparities in Diabetes Care

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Objective

- Why is culture important in health care?
- How do we reduce health care disparities?
- How do we bridge the gap?
- Key aspects of African Americans, American Indians and Hispanics.

Culturally Competent Care

Definition

- The knowledge, skills and attitudes required to provide quality clinical care to patients from different cultural, ethnic, and racial backgrounds.
- It involves tailoring delivery to meet patients' social, cultural and linguistic needs in an effort to improve outcome and eliminate disparities in healthcare.

Culturally Competent Diabetes Care

- Culture is essential in assessing a person's health and well-being.
- Understanding a patient's practice of cultural norms can allow providers to:
 - quickly build rapport.
 - Ensure effective patient-provider communication.

Culturally Competent Diabetes Care

- Providers often experience uncertainty and apprehension when caring for the needs of patients with different racial/ethnic backgrounds than their own.

Culturally Competent Diabetes Care

- To provide effective health care
 - Physicians have to function within the cultural beliefs, behaviors and needs of their patients.

Culturally Competent Diabetes Care

- Culturally competent care requires a commitment from doctors and other caregivers to understand and be responsive to the different attitudes, values, verbal cues, and body language that people look for in a doctor's office by virtue of their heritage.
- Get to know your patients on an individual level.

Culturally Competent Diabetes Care

- According to the 2002 Institute of Medicine report titled, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.”
 - Racial and ethnic minorities tend to receive lower quality health care than non-minorities even when access to insurance and income is accounted for.



The Result

- Increase costs for individuals and society due to increased hospitalizations and complications.

Health Care Disparities in Diabetes Care

- Efforts to reduce health disparities:
 - Must be holistic
 - Address physical, emotional, and spiritual health of individuals and families.
 - Make connections with community members
 - Recognize conditions in the community.

How Do We Bridge the Gap?





Diabetes

- 24 million americans
- 57 million have pre-diabetes
- African Americans 12⁰%
- Non-white Hispanics 11⁰%
- Whites 7⁰%



How Do We Bridge The Gap?

- According to National Healthcare Disparities Report (NHDR), the proportion of patients with diabetes who had all three annual services recommended by the American Diabetes Association (eye exams, foot exams and A1C measurement) were significantly lower for poor to middle-income individuals, Hispanics, and those without some college education compared to other groups.



How Do We Bridge The Gap?

- NHDR in 2007 showed significantly fewer Hispanics, African Americans, lower -income individuals, and individuals with less than high school education or were uninsured were told by their physician that they were overweight.



How Do We Bridge the Gap?

- Peek et al. found that patient-centered educational interventions that used peer support or one-on-one interactions were more likely to yield positive results.
- Those interventions that were culturally tailored resulted in greater reductions in A1C than interventions directed at the general population.



How Do We Bridge The Gap?

- Physicians need to be aware of unconscious biases and stereotyping.
- Physicians who employed greater patient-centered communication skills were able to overcome the barriers of racial/ethnic discordance in terms of patient satisfaction, trust, and intent to adhere.
- Also, knowledge of patients health literacy can help physicians when giving health information.

Key Aspects of Different Ethnic Groups





Key Aspects:

African Americans (AA)

- People descended from Africans who did not come to the US voluntarily.
- Descendants of four million slaves brought to the US between 1600 and 1800.



Social Structure

- Nuclear family.
- Extended with non-related “family” members.
- Family may be matriarchal.
- Women more than men tend to remain unmarried.
- More women educated at college level.
- Older generation are more conservative.
- Elders are respected and often provide care for grandchildren.



Diet

- Hearty meals “soul food”.
- May mean fried chicken, pork chops, chitterlings, grits, cornbread, macaroni and cheese and hushpuppies.
- Traditionally, many elders eat a large noon meal on Sunday after church.



Religion

- Strong religious affiliations



Death and Dying

- Older AA believe death is God's will.
- A family-centered approach is recommended for conveying serious medical information, seeking consents etc.



Medical Care

- Older African Americans are suspicious of physicians.
- Health is personal and up to God's will.
- Building a trusting relationship is key.



Medical Care

- Forty –five percent of Africans Americans are obese.
- Obesity contributes to the increase risk of diabetes.



American Indians

Social Structure

Family

includes immediate and extended family members.

includes tribal and community members.

Women are traditional care givers.

Grandparents help counsel and care for grandchildren.

Children are expected to respect and care for their elders and take pride in their culture.



Diet

- Similar to US population.
- High-fat, salty, and sugary foods.
- Lacks sufficient fruit, vegetables, grains, and dairy products.
- Traditionally, Anishinabe and Dakota ate fresh or dried wild game and fowl and gathered wild rice, berries, acorns, ginger, and leaves and twigs for teas.



Diet

- Fish is the principal food of the Anishinabe.



Religion

- Spirituality is central to the identity of the American Indian.
- People and nature are interconnected.
- Every animate and inanimate form of life has a spirit and is sacred, ex water.
- Respecting and nurturing life and developing a positive relationship with the spirits is core to Indian spirituality.



Religion

- Indians nurture relationship through prayer and a purification ritual in a sweat lodge.
- They burn sage and sweet grass, and smoke special ceremonial tobacco for cleansing, blessings, and healing.



Medical Care

- According to CDC, the top causes of death in the American Indian population are:
 - heart disease
 - cancer
 - unintentional injuries
 - **diabetes**
 - stroke.



Medical Care

- Also prevalent are:
 - chronic liver disease
 - cirrhosis
 - chronic respiratory disease
 - suicide
 - influenza/pneumonia
 - kidney disease



Medical Care

- Among racial and ethnic groups
 - The prevalence of smoking is highest among American Indians
 - Indians are not subject to taxes and state laws banning the sale of tobacco to minors.
 - Leads to tobacco-related health problems such as heart disease, cancer, and stroke.



Medical Care

- Sickness viewed as result of disharmony between the sources of life.
- May seek treatment from a medicine man.
- Taught to resist any expression of pain.
- May report feeling uncomfortable or may use storytelling to build trust and describe symptoms.
- A personal story about a sick neighbor may be used as a metaphor for the patient's symptoms.



Medical Care

- Direct eye contact is avoided out of respect.
- Time and silence are often used to prepare to listen, to maintain harmony, and to be non-confrontational.
- Patients may occasionally be late or miss appointments because they have a different concept of time.



Death and Dying

- Immediate and extended family members should be informed of an impending death.
- A family-centered approach is recommended for conveying serious medical conditions.
- The entire family may be included when making decisions and signing documents.



Death and Dying

- Due to misuse of signed documents in the history of American Indians, some may not be willing to sign informed consents, advanced directives or durable power of attorney forms.
- Patients may perceive verbal agreement as sufficient.



Hispanics/Latinos

- Hispanics/Latino Americans are descended from Africans, American Indians, and Europeans.
- Hispanic refers to Spanish language, not place of origin.
- Most Hispanics/Latinos prefer to be referred to by their immediate ethnic group name, such as Mexican, Puerto Rican, Cuban, etc.
- Mexicans make up 60% of the Hispanic/Latino population.



Social Structure

- Families include extended family members.
- The man is the traditional head of the household.
- Many cultural behaviors are shared by people from Latin America and the Caribbean.
- Spending time with family and friends are vital.
- Children are highly valued and elders are respected and cared for.



Social Structure

- Friendliness and treating others with respect is important.
- Maintaining eye contact and friendly physical contact such as touching the shoulder or arm is common.



Diet

- High amounts of fruits, vegetables, corn tortillas, whole grains, and eggs.
- In US diet tends to be low in fruits and vegetables and high in flour tortillas, white rice and processed foods.
- They usually do not get as much exercise as their native countries.
- Traditionally, they have a large meal at noon and lighter meal in the evening.



Diet

- In US, they replace traditional meals with fast food meals leading to:
 - Obesity
 - **Diabetes**
 - Hypertension

Overconsumption of alcohol is also a problem.



Religion

- Majority are Roman Catholic Christians.



Medical Care

- Diabetes is twice as prevalent in the Hispanic/Latin population as in the white population.
- May consult folk healers or spiritualists, especially if they do not have health insurance.



Death and Dying

- Families may consult a senior male or female or the most educated or influential in the community when making end of life decisions.
- The family require a supportive atmosphere and may need time and a private place to deal with the loss.



Tips

- Be gracious.
- Acknowledge the patient's arrival and offer them a seat.
- Building respect is essential.
- Address patients by their preferred name.
- Establish a relationship with the family before care begins.



Tips

- Use a non-confrontational tone.
- Be receptive to family suggestions.
- Friendly physical contact between female patient and female physician and between a male patient and male physician.
- Ask patients if they would like to have family members present during visits.
- Provide a room large enough to accommodate the family.



Tips

- Acknowledge male family members who are present.
- Males are typically the head of household.
- Explain why you use trained medical interpreters and not family members.
- Never use children as interpreters.
- Ask open-ended questions, such as, “please describe what you are feeling,” rather than “do you have pain?”



TIPS

- Assess the importance of religion and health care beliefs.
- Ask patients what they believed cause their illness .
- Explain the medical reason for their illness.
- Recognize that they may not agree with you about the cause.



TIPS

- Ask the patient if they use home remedies and assess the safety of the remedies they use.
- Ask patients to repeat back health information to you to ensure understanding.
- Repeat information and offer reassurance frequently.
- Provide written educational materials with pictures or a video in Spanish for patients who do not speak English.



TIPS

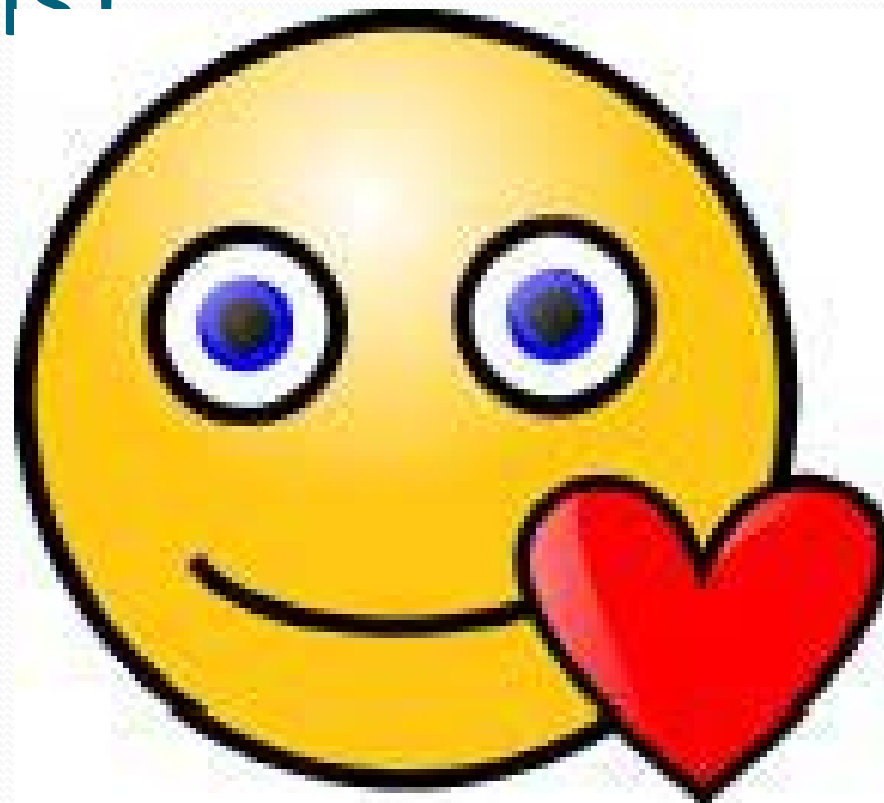
- Educate patients about diet and exercise and the importance of mammograms and pap smears.
- Explain how to navigate your health care facility.
- Kindly explain why being on time for visits is important and affects other patients.



Summary

- Establishing a trusting relationship and creating a compassionate, caring atmosphere with an attention to culture, is paramount in order to bridge the disparities in health care among minority patients.

Questions?





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