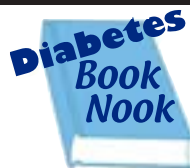


DiabetesSource™

News For The Diabetes Specialist

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My Food Plan



Five Good Food Habits

by: International Diabetes Center

My Food Plan is the dietitian's solution for teaching carbohydrate counting and nutritious food choices. It has been translated into 40 languages and dialects.

Five Good Food Habits offers people with diabetes guidelines for making simple changes in eating behavior that can help control blood glucose levels and weight.

My Food Plan and Five Good Food Habits are available in:

- U.S. Spanish, Latin American Spanish, Puerto Rican Spanish
- French and Canadian French
- Traditional Chinese (Hong Kong, China, Taiwan)
- Simplified Chinese (Singapore, Malaysia)
- Russian, Polish, Portuguese and more!

To purchase, call:
888.637.2675

My Food Plan Inserts

by: International Diabetes Center



Address the specific needs of people who eat vegetarian or ethnic foods with these handy inserts that slip into *My Food Plan* (above). Includes food lists and sample menus.

To purchase, call:
888.637.2675

Multicultural Issues that Influence Patient Care Outcomes

By: Valerie W. Hogue, Pharm.D., R.Ph., CDE
President and Diabetes Educator: Health Advance, LLC



"To be successful in community work we need a good sense of history, humility and a deep respect for the people with whom we work." - Freire, 1988

Patients with diabetes, in particular type 2 diabetes, are diverse in their cultural and racial/ethnic backgrounds. Incorporating culturally sensitive concepts and practices into health promotion and prevention activities can lead to improved outcomes in care. Therefore, it is important to address the various cultural issues that may have an impact on diabetes management.

Understanding cultural issues must begin with defining the term. Culture has been defined as the "totality of socially transmitted behavior patterns, arts, beliefs, institutions and all other products of human work and thought characteristic of a community or population". There are many "communities" among patients with diabetes and depending on what area of the country one practices will determine the number of cultures provided diabetes education. Within ethnic communities are variations in cultural expressions based on the influence of migration away from the base of the cultural experience or on modifications in the cultural experience based on new knowledge. An understanding of these differences is often essential for the diabetes educator in order to best assist patients in meeting appropriate goals for control of their diabetes. The role of a diabetes educator is one of a teacher, mentor and coach. The impact of the role is best achieved when cultural differences are addressed in self-management education.

It is important to evaluate the health disparities that exist in many of the racial/ethnic groups prior to examining the cultural issues that impact patient care outcomes with diabetes. It is known diabetes causes a substantial burden to the U.S. economy with an estimated \$132 billion dollars spent annually on both direct and indirect costs. More than ninety percent of patients with diabetes have type 2 disease. It plagues primarily African American, Native American, Hispanic/Latino Americans and Asian Americans. In the United States, African Americans have one of the highest rates of diabetes with a prevalence of 11.4% of those 20 years of age or older. Native Americans are also victims of higher rates of diabetes. The disease is present in 14.5% of the population receiving care from the Indian Health Service. Hispanic/Latino American populations, which includes a diverse group of Mexican Americans, Puerto Rican Americans and Cuban Americans, are twice as likely to have type 2 diabetes than non-Latino Whites. Overall, two million, or 8.2%, of all Latino Americans aged 20 years or older have diabetes. These statistics demonstrate the considerable health disparities that exist among racially and ethnically diverse populations in America and underscore the need to address better methods of communication and learning techniques to achieve optimal therapeutic outcomes.

Dealing with Cultural "Issues"

An important consideration educators must explore in treating patients of different racial/ethnic groups is the cultural "issues" on the part of both the health care provider/educator and the patient. In other words, "we all have issues", using the vernacular of today. Often, health care providers lack cultural competency, which hinders their ability to understand and respond effectively to the cultural needs of their patients. Practitioner barriers to different cultures may be present, undermining rapport and hindering relationships needed to influence positive patient outcomes. Examples of such barriers would include false assumptions such as:

1) patients who do not practice healthy behaviors do not care about their health rather than they may not have been properly educated, or 2) traditional beliefs should be changed rather than built upon through education. These barriers can cause a lack of disclosure of the cultural issues influencing health in patients for fear of being ridiculed or cultural beliefs being discounted by health care providers. Overall, this response is counter productive to diabetes self-management education.

Influencing Patient Outcomes

There are many factors that influence patient care outcomes for people with diabetes. Both the patient and the health care provider may contribute to and influence patient care outcomes. However, educators have a greater responsibility as care providers to recognize and respect the values, traditions, and practices of the patients they serve.



Mark Your Calendar!

Upcoming Meetings

American Diabetes Association

◆ 65th Annual Scientific Sessions

June 10-14, 2005
San Diego, CA
www.diabetes.org

◆ Diabetes and the Mediterranean Diet July 10-14, 2005

A 3-day Summer course in the Orvieto region, Italy
www.diabetes.org



In The Loop....

DIABETIC PETS NEEDING ADOPTION

Did you know you can adopt a pet that has diabetes? *Pets with Diabetes* has an adoption list of dogs and cats who need good homes. The owners of these pets have decided the pet would receive better care or be happier in a new home. Adopting a diabetic pet is similar to adopting a "healthy" pet: you need to consider how the pet will fit into your family and lifestyle. A pet with diabetes requires a special diet and medication (about \$40 in extra monthly expenses). When adopting a special needs pet, many find they build an even stronger bond due to the special attention your pet needs and receives. *Pets with Diabetes* also provides educational information, internet resources, personal experiences and support for owners of pets with diabetes.

For additional information or to see photos of pets ready for adoption, go to:
www.petdiabetes.org



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One of the best ways to help your patients overcome some of the cultural practices that hinder positive outcomes for diabetes is by imparting knowledge. Knowledge is power. Knowledge is universal. It transcends all cultures, mores, and socioeconomic groups. In particular, in the African American culture, knowledge is freedom. A common quote in the African American community is "no one can take it [knowledge] away from you". One of the most effective ways to reach patients is to inform them they should be as knowledgeable as you are about how their disease affects them. Empower them to be an important member of the health care team and their resistance to making good lifestyle modifications may diminish, regardless of their cultural background.

Improving Our Sensitivity to Cultural Issues

Becoming aware of the sociocultural issues that may be prevalent in a particular population can assist in addressing cultural issues. For example, in the Hispanic/Latino community a respect for health care providers may prevent questions; however patients may be more open with office staff. Ideally, developing a rapport with patients where valuable cultural practices are shared is critical. Conveying a non-judgmental attitude toward cultural practices is key to a better rapport with patients. Also, maintaining a good line of communication with office staff may be helpful in gaining information about self-care practices that are culturally based. Asking non-judgmental questions regarding alternative or traditional medicines is important as many communities, such as Native Americans, place value on traditional means of treatment. Support patient incorporation of traditional healing practices provided they do not interact with medications or other interventions prescribed. Also, be mindful of the important role spirituality plays in health for many communities. It is necessary for the educator, despite one's individual conviction, to recognize its influence on health matters.

Practical Tips for Diabetes Educators

- ◆ Build trust and respect with patients of different racial or ethnic groups as part of your management plan. Remember many patients may have inhibitions about asking questions of their health care provider due to language barriers or "respect" for them. Use an interpreter where needed. Address patients as Mrs., Senora, or Mr., Senor, etc. particularly for the elderly, to demonstrate your respect for them. Instruct administrative and/or clinical assistants to do the same.
- ◆ Remember family is an important motivator for women. This is particularly true for African American and Hispanic American women. Include the family in decisions and encourage them to be a support for the mother with diabetes as she makes healthy lifestyle choices.
- ◆ Begin with portion control and calorie reduction within their cultural dietary choices, then progress to modification in choices. This displays a respect for the cultural influences on meals and may build patient trust in the educator.
- ◆ Ask your patient about the influence of their spiritual or religious beliefs on their health and how it can be incorporated into their management plan. Inquire of local clergy or spiritual tribal leaders regarding support groups in the congregations or communities where the patient resides for development or referral.
- ◆ Encourage the use of cultural music and dance, where appropriate, as a means of engaging in enjoyable physical activity. Recommend physical activity that can be accomplished indoors (walking up stairs or briskly around the house or apartment several times).
- ◆ Address potential fears or beliefs about the economic and social impact of diabetes, particularly in low-income or immigrant populations. Reassure patients that any assistance provided free of charge will not require later payment. Discuss with patients that a diagnosis of diabetes does not negatively affect their immigration status.

For more information, review the Provider's Guide to Quality and Culture at <http://erc.msh.org>

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