Cultural Considerations in Diabetes Education
AADE Practice Synopsis
July 28, 2015

Introduction

The chronic nature of diabetes underscores the importance of self-management education that promotes behavior skills that are necessary to optimize quality of life. Diabetes educators recognize that the most effective approach to patient education is individualized to the needs of each person with diabetes.[1] Educators likewise recognize that the way a person learns, and how information is utilized depends heavily on prior life experiences and support networks; and that each of these elements is shaped by culture.[2]

Awareness of how culture impacts health

Awareness of the need for cultural sensitivity is the first step toward providing sensitive and competent diabetes education. It is more than a finite knowledge of cultural values, beliefs, customs, language, thoughts, and actions. The need to gain relevant insight necessitates the need to develop a certain amount of cultural humility. This will help develop a mutually respectful and positive relationship among patients and health care providers. The more engaged individuals with diabetes and their support members are involved in their healthcare, the more likely they are to achieve desired outcomes and improve their quality of life.

Culturally relevant definitions

The AADE Practice Synopsis on Cultural Sensitivity and Diabetes Education provides insight on the role of diabetes educators in delivering appropriately tailored education. Cultural definitions germane to the understanding of cultural sensitivity and diabetes may be found in the synopsis along with the following definitions.[3]

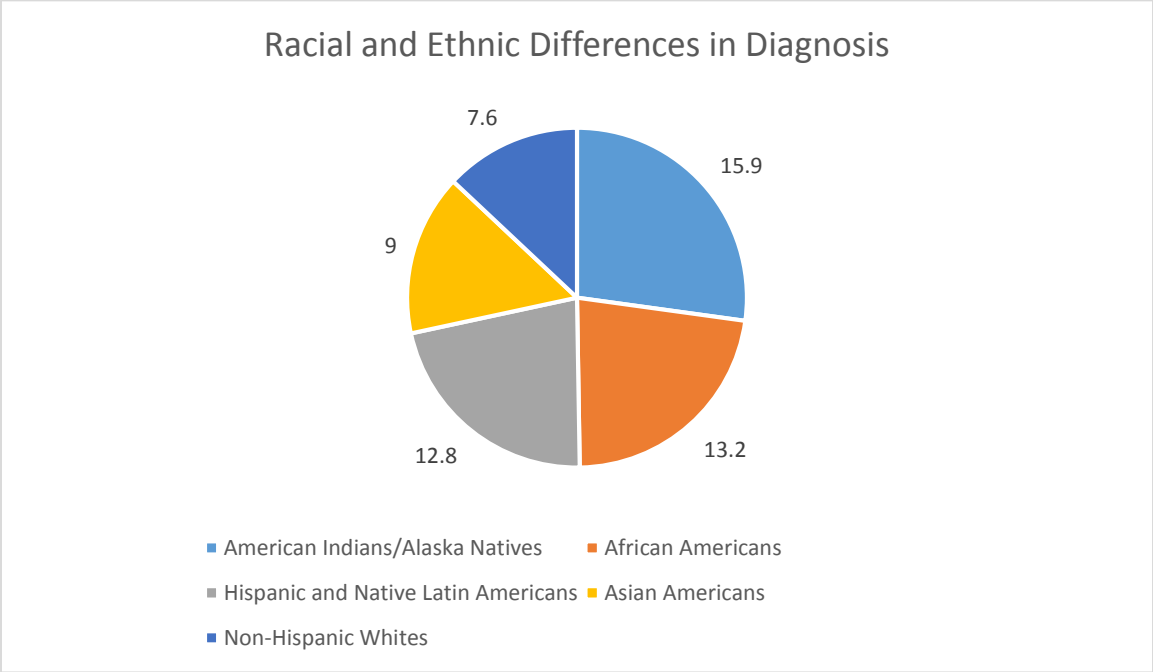
Cultural sensitivity: the delivery of health information based on ethnic/cultural, norms, values, social beliefs, historical, environmental factors unique to specific population.

Cultural competence: knowledge and ability to work with culturally diverse population irrespective of language, customs, beliefs, values, communications, and actions of people according to race and ethnicity.
Cultural humility: "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]"[4]
Ethnicity: self-characterization on the basis on physical traits, cultural/religious background, and nationality.
Racial identity: based on physical appearance of people such as skin color, hair, and facial structures to describe racial groups.

Minority populations in the US continue to grow and are at higher risk for diabetes

New estimates show that more than 29 million Americans are affected by diabetes.[5] This public health epidemic has occurred in tandem with a shift in the American demographic landscape toward a high minority population.[6] Minority groups are affected by diabetes at significantly greater rates when compared to non-Hispanic white Americans for reasons that are multidimensional. In the context of cultural effects germane to the minority groups affected most by diabetes, careful attention to cultural influences on self-efficacy and motivation are critical for fostering behavior changes. These behavior changes optimize diabetes clinical outcomes, health status and quality of life.[1] The most current assessment of diabetes in the Unites States indicates that 15.9% of American Indians/Alaska Natives, 13.2 % African Americans, 12.8% of Hispanic and Native Latin Americans, and 9.0% of Asian Americans compared to 7.6% of Non-Hispanic white Americans are affected by diabetes (Figure 1). However, the prevalence of diabetes is highest among American Indians in southern Arizona with prevalence of diagnosed diabetes of 24.1% (3 times higher than non-Hispanic whites). [5] Newly released Centers for Disease Control and Prevention data state that Hispanics have 51% higher diabetes death rates compared to caucasians.[7] This further implicates the necessity for cultural preparedness of the diabetes educators of today and tomorrow across ethnicity and racial cultural sensitivity.

Figure 1.



Overcoming cultural barriers

A key element to overcome cultural barriers during clinician-patient interactions is the use of effective communication. This must be considered with populations with low literacy, limited English proficiency, and non-English speakers. When teaching patients with low literacy and limited English proficiency, educational materials should be tailored accordingly with illustrated graphics, along with use of teach back methods to confirm patient understanding. The use of trained and properly integrated professional interpreters is essential when communicating with non-English speaking patients. The ability to communicate cross-culturally is essential to providing education to diverse population, as it enables the use of proper verbal and non-verbal communication style across cultures. In addition, the provided patient education list includes culturally sensitive information that may be distributed to enhance patient understanding on diabetes management.

Role of the Diabetes Educator

Diabetes educators need be mindful of the cultural traditions and customs among all cultural and ethnic groups and to recognize socio-economic challenges that may exist. Culture and traditions

are a cluster of learned behaviors, customs, preferences, beliefs, and ways of knowing.[8] When diabetes education programs are delivered using culturally appropriate methods in diverse populations, they can result in improved patient health behavior, knowledge, health status, and self-efficacy.[9-11] Understanding the motivational stimuli of people from diverse backgrounds will enable diabetes educators to develop effective programs, teaching strategies, and individualized care plans to mitigate the impact of diabetes. Integrating the individual cultures within diabetes education and training is important for program effectiveness.[12] Expanding beyond racial, ethnic and religious sensitivity to further individualization based on age-appropriate and socio-economic considerations.

Recommendations

According to the second domain of the AADE Core Competencies and the National Standards for Diabetes Self-Management Education and Support, the prudent diabetes educator provides important information, care, and support to persons affected by diabetes in a manner that:

- Acknowledges that cultural perceptions of health can be unique for each individual.
- Considers the context of learning experiences already present when developing collaborative efforts with the patient to identify barriers to diabetes care success.
- Conveys accurate information in a fashion that is understandable to the learner. Proactively addresses limitations to self-management plan adherence and designs/brokers culturally appropriate goals.
- Utilizes educational materials and resources appropriate for culture, age, literacy level, and learning readiness.
- Includes resources that address access limitations to diabetes-care needs and considers the milieu in which the care plan is to be executed.
- Incorporates sensitivity and respect when educating all people irrespective of ethnicity, race, age, and socioeconomic status.

Acknowledgments

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Cultural Education Resources for Patient Education

CDC
Diabetes health information in Spanish
http://www.cdc.gov/spanish/enfermedades/diabetes.html

Diabetes - Multiple Languages. Includes links on diabetes education based on various languages. http://www.nlm.nih.gov/medlineplus/languages/diabetes.html

Health Translations: Provides diabetes education based on a variety of languages.
A collection of handouts available in a variety of languages including: Arabic, Bosnian, Chinese, Russian, Spanish and Vietnamese. Most are branded with logos from the following 2 organizations: American Diabetes Association, American College of Cardiology and the Preventive Cardiology Nurses Association.
http://www.healthtranslations.com/aspx/topics/topics.aspx?topicid=1

Healthy Roads Media: Offers a variety of resources on various health topics, including diabetes, in 11 languages. Resources available in different formats (written, audio, web-video).
www.healthyroadsmedia.org

National Diabetes Education Program: Contains diabetes education materials based on various languages. http://ndep.nih.gov/resources/index.aspx

Cultural and Ethnic Food and Nutrition Education Materials: Contains a list of cultural and ethnic food and nutrition education materials (books, pamphlets and audiovisuals)
http://www.nal.usda.gov/fnic/pubs/ethnic.pdf

Recommended Reading for Diabetes Educators

Health Resources and Service Administration (HRSA): cultural competence resources
http://www.hrsa.gov/culturalcompetence/

Agency for Healthcare Research and Quality (AHRQ): cultural and linguistic competence
http://www.ahrq.gov/health-care-information/topics/external/Cultural-and-Linguistic-Competence.html#clinicians

Goody CM, Drago L: Using cultural competence constructs to understand food practices and provide diabetes care and education. Diabetes Spectrum 2009; 22(1):43-47.

The Provider's Guide to Quality and Culture.
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