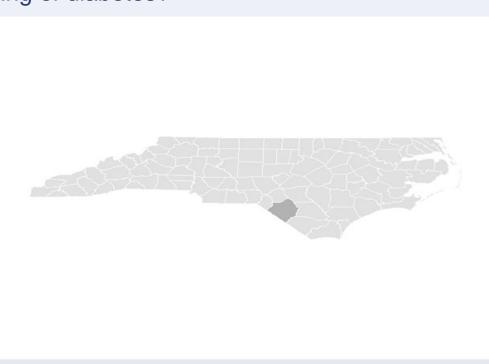
What do Minority Populations in Robeson County, NC tell about their understanding of Diabetes?

Frankie D. Powell, Cherry M. Beasley, Mary A. Jacobs

The University of North Carolina at Pembroke, Pembroke, North Carolina

Abstract

Social variables influence quality of life of ethnic minority populations with diabetes in rural, southeastern North Carolina. This interpretive research study seeks to understand the diabetes experiences of these populations in a county with a majority minority populace. The research question was: What do minority populations in Robeson County, North Carolina tell about their understanding of diabetes?



Methods

DESIGN METHODS: Using a multi-phase phonological design, language used in the community was collected and analyzed. This qualitative method posits that language reveals the meaning and the reality of the human experience and provides the bases for ideas and beliefs through which humans interpret and interact with the world to bring about change in health behaviors [Benner, 1999]. Ninety-three participants, from four distinct cultural groups, were recruited by convenience method, and oral accounts were gathered in focus groups/talking circles. Using NVivo 10, each member of the research team reviewed the data, identifying terms, themes, and body language that indicated the participant understanding of diabetes.

Focus Group	Female	Male	Ethnicity
1	12	0	American India
2	13	0	American Indian
3	15	7	African America
4	3	4	African America
5	10	2	Hispanic
	53	13	

Research Question

What do American Indians, African Americans, and Hispanics (in Robeson County) tell about their understanding of diabetes?

Question Nodes

Words (Q1)
Disclosure (Q2)
What is DM (Q3a)
Who gets it (Q3b)
Diagnosis (Q4)
Treatment (Q5)
Cures (Q6)
Home remedies (Q7a)
Special activities (Q7b)
Problems with the body(Q8a)
Financial problems (Q8b)
Community problems (Q8c)
Needed Knowledge (Q9)
Community Needs (Q10)

Other Nodes

Causes – emotions
Causes – HCR
Cultural variation
Despair
Devastating Outcomes
Distrust of the Professional system
Family centered needs
I'll eat what I want
Knowledge deficits
Locus of control
Rough, hard road
What can we do
You have to know this body
Young people getting diabetes

Ethnic Differences

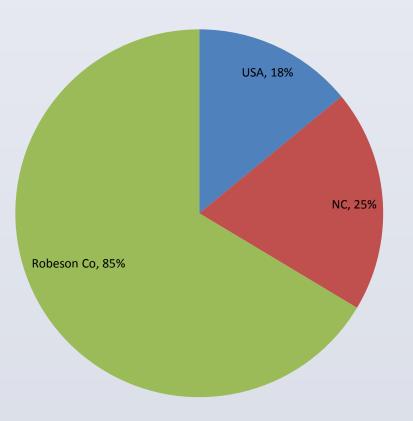
Early Group Differences

American Indians: Distrust of water (county water/ city water); distrust of processed foods and pesticides on fresh foods; "loss of family and everything else"; mourning the loss of culture; fear for children's future with diabetes; emotional stress.

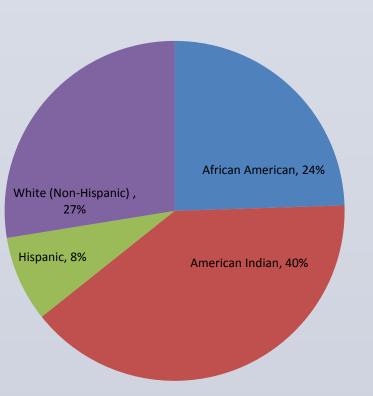
African Americans: used the "language" of the clinicians (health literacy); orientation was the present; focused on problem solving.

Hispanics: present focus on how to change their eating habits from their traditional ways of preparing food to meet diabetic guidelines.





Racial/Ethic Distribution of Robeson County, North Carolina, 2010

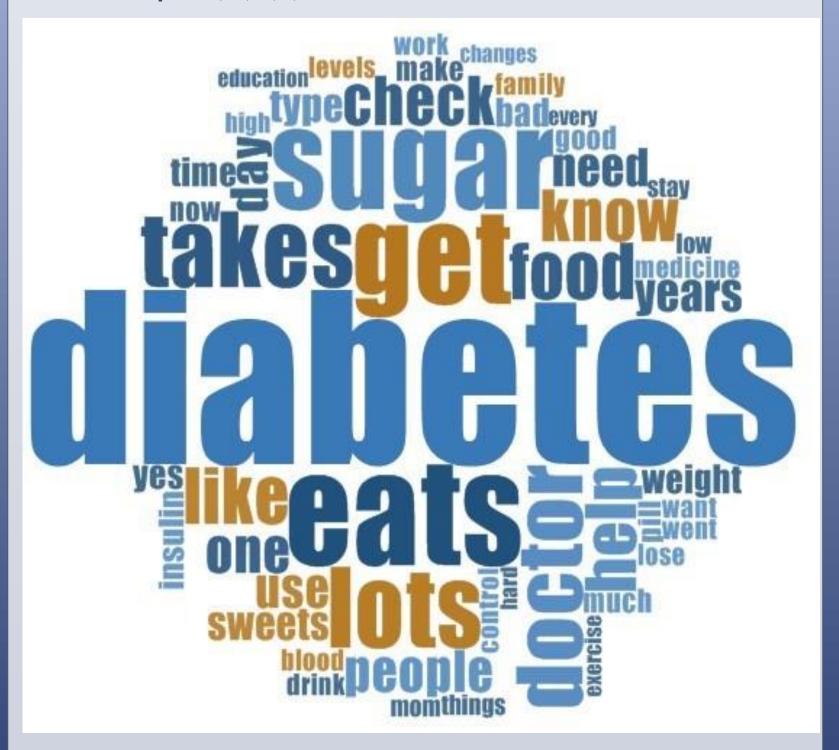


Medical Information

Mayo Clinic (mayoclinic.org)
Diseases and Conditions: Type 2 Diabetes

- 1. Food
- 1. Portion Size
- 2. Counting Carbs
- 3. Balanced meals
- 4. Coordinating meals and meds
- 5. Avoid sugary beverages
- 2. Exercise
 - 1. Plan with your doctor
 - 2. Keep a schedule
 - 3. Know numbers before beginning
 - 4. Check levels when exercising
 - 5. Hydration
 - 6. Be prepared
- 3. Medications
 - 1. Storing insulin
 - 2. Reporting problems
 - 3. New med cautions

Focus Groups #1, 2, 3,4, & 5



Conclusions

- 1. Ethnic group differences regarding: environmental and family concerns; knowledge of the disease (health literacy); and understanding the role of nutrition in diabetes.
- 2. Across our five focus groups Robeson County residents were emphasizing the disease, their diet and the role of their doctors. What is de-emphasized is exercise, education and change.
- 3. It is important that clinicians understand what patients care about and it is important for patients to understand the clinical priorities for managing diabetes.
- 4. More research is needed regarding the benefits of understanding the bi-directionality of the meaning of diabetes to patients and the clinical priorities of treatment.

References

Mayo Clinic (2010) Diseases and conditions: Type 2 diabetes.

http://www.mayoclinic.org/diseases-conditions/type-2-diabetes/in-depth/diabetes-prevention/art-20047639.

United States Census Bureau (2010) *Quick Facts*. http://quickfacts.census.gov/qfd/states/

Acknowledgements

This research project is funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute of Health (NIH), University of North Carolina at Chapel Hill, Center for Diabetes Translation Research to Reduce Health Disparities (CDTR)

Grant Number: 5P30DK093002