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

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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?

Research Question

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

Question Nodes

Words (Q1)
- Decisions (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)

Methods

DESIGN METHODS: Using a multi-phase phenomenological 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 behavior through which humans interpret and interact with the world to bring about change in health behaviors (Berger, 1993). 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 themes, and body language that indicated the participant understanding of diabetes.

Ethnic Differences

Early Group Differences

American Indians: Distress of water (county water/city water); distress of processed foods and pesticides on fresh foods; "loss of family and everything else", impacting 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 on focus on how to change their eating habits from their traditional ways of preparing food to meet diabetic guidelines.

Other Nodes

Causes - emotions
- Causes - HCR
- Cultural variation
- Disparities
- Devastating Outcomes
- Disturb of the Professional system
- Family centered needs
- I'll eat what I want
- Knowledge deficits
- Lack of control
- Who can we blame
- What can we do
- Young people getting diabetes

Comparison of Rural Population: United States, North Carolina and Robeson County, 2010

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 levls 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


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