

Community Diabetes Initiative Evaluation of Disparities Related to Race and Ethnicity

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Abstract

The purpose of this evaluation was to explore some potential preceding factors that may contribute to the disparity in ultimate health status of patients with diabetes from three ethnically or racially-defined populations served by certain clinics within Seattle/King County's Community Diabetes Initiative. This evaluation was conducted through face-to-face semi-structured qualitative interviews with 22 persons with diabetes from the Asian/Pacific Islander, African American, and Hispanic populations served by these clinics. Unavoidable selection biases in the recruitment processes may have an effect on the findings and are noted in the report. While the authors found no significant disparity based solely on race or ethnicity, we did discover that relative poverty, an attribute common to the populations served by these clinics, may have a significant effect on patients' ability to sustain self-management regimens common in diabetes care. We also found that, while the clinics and their staff were viewed quite positively by these patients, the clinics alone were not able to provide the social supports required by many patients to maintain their own self-management regimens and their emotional well-being. Finally, we found that, while these patients had a sound grasp of the self-management techniques required to control their diabetes, they lacked an integrated understanding of their disease through which to see the relationships among attributes of the disease, their own attitudes and self-management behaviors, and the physical and emotional outcomes they experience. We hypothesize that: 1) these patients require far more community and family knowledge about diabetes, community and family acceptance of its implications, and community and family social support than they now receive, 2) with few and well-defined exceptions, the medical, medication, and supply issues for these patients are being resolved, 3) these patients would be served better by increased conceptual grasp of the disease, increased awareness by the clinic staff of the real-life conditions which color the ability of patients to manage the diabetes, 4) formal and informal support group participation among these patients would considerably enhance their self-management behaviors and desired outcomes, and 5) that attention paid to patients' real-life conditions and cultures may positively impact their well-being. Further, 6) it likely that ethnicity and culture may predispose individuals to respond to disease and loss in ways that limit or enhance their desire and ability to be effective self-managers. These factors need to be understood if physicians and educators are to design regimens appropriate to individuals.

Table of Contents

I.	Purpose of Evaluation	
II.	Methodology	
	A. Research Questions.....	
	B. Recruitment and Selection.....	
	C. Conducting the Interviews.....	
	D. Limitations of Evaluation Methodology.....	
III.	Findings	
	A. Looking for Racial, Ethnic, and Cultural Disparities.....	
	1) Age	
	2) Gender	
	3) Ethnicity	
	B. Striving for Normalization.....	
	C. Living with Social Isolation.....	
	D. Engaging in Self Management.....	
	E. Adopting a Stance Toward Diabetes.....	
	1) Stance	
	a. Integration	
	b. Separation	
	c. Rejection	
	d. Resignation	
	2) Changes	
	3) Control	
	4) Supports	
	5) Barriers	
	F. The Need for External Social Supports.....	
IV.	Hypothesis and Recommendations	
V.	Appendices	

[full report available on request]