



BROWN
Alpert Medical School

Patient Voices: Doctors and Diabetes Management



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Background

There is an evident divide in health literacy and successful diabetes management between English- and Spanish-speaking Americans. Studies have found limited English proficiency to be an independent predictor of poor blood sugar control among insured diabetes patients visiting English-speaking doctors¹. How can this issue be addressed while the number of Spanish-speaking patients continues to outstrip the number of Spanish-speaking doctors?

A study of health literacy found that self-efficacy, “the belief or confidence in one’s ability to have influence over events in one’s life,” may be even more important than health literacy in determining health outcomes; as such, increasing diabetes self-efficacy in Spanish-speaking patients may decrease diabetes outcome disparities between them and English-speaking patients². Seeking out patient voices could help to design diabetes management programming that boosts both health literacy and self-efficacy.

Objectives

This study proposes to interview Spanish speakers with diabetes so as to learn directly from them how best to structure diabetes management programming. It has the following three goals:

Goal 1: Assess patients’ experiences with diabetes and healthcare through qualitative interviews in each participant’s preferred language

Goal 2: Draw themes from the interviews exemplifying common experiences and difficulties of living with diabetes

Goal 3: Report recommendations based on the interview analysis to Progreso Latino’s Wellness Center, and provide them with a follow-up survey to obtain feedback on new programming

Methods

- Guide for a standardized, open-ended interview was developed in conjunction with Progreso Latino’s Wellness Center staff and approved by Brown University’s IRB
- Progreso Latino staff members recruited clients with diabetes for interview by flyer and face-to-face request
- Only participants with diabetes or pre-diabetes were included
- 5- to 20-minute-long interviews were conducted and recorded in the interviewee’s preferred language during the interviewee’s visit to the organization
- Recordings were transcribed and identifying information censored
- Multiple researchers independently analyzed transcriptions in the original language for themes; conclusions are based on their consolidated findings (this Immersion/Crystallization³ analysis is still in progress)

Characteristics of Participants (n = 16)

Self-identified gender	
Male	25%
Female	75%
Interview language	
Spanish	81.3%
English	18.7%
Mean age (SD)	70.4 years (14.3)
Years living in U.S. - Mean (SD)	14 years (7)
Level of education	
< High school	53.3%
High school or GED	33.3%
>High school	13.3%

Figure 1. Demographics of those interviewed.

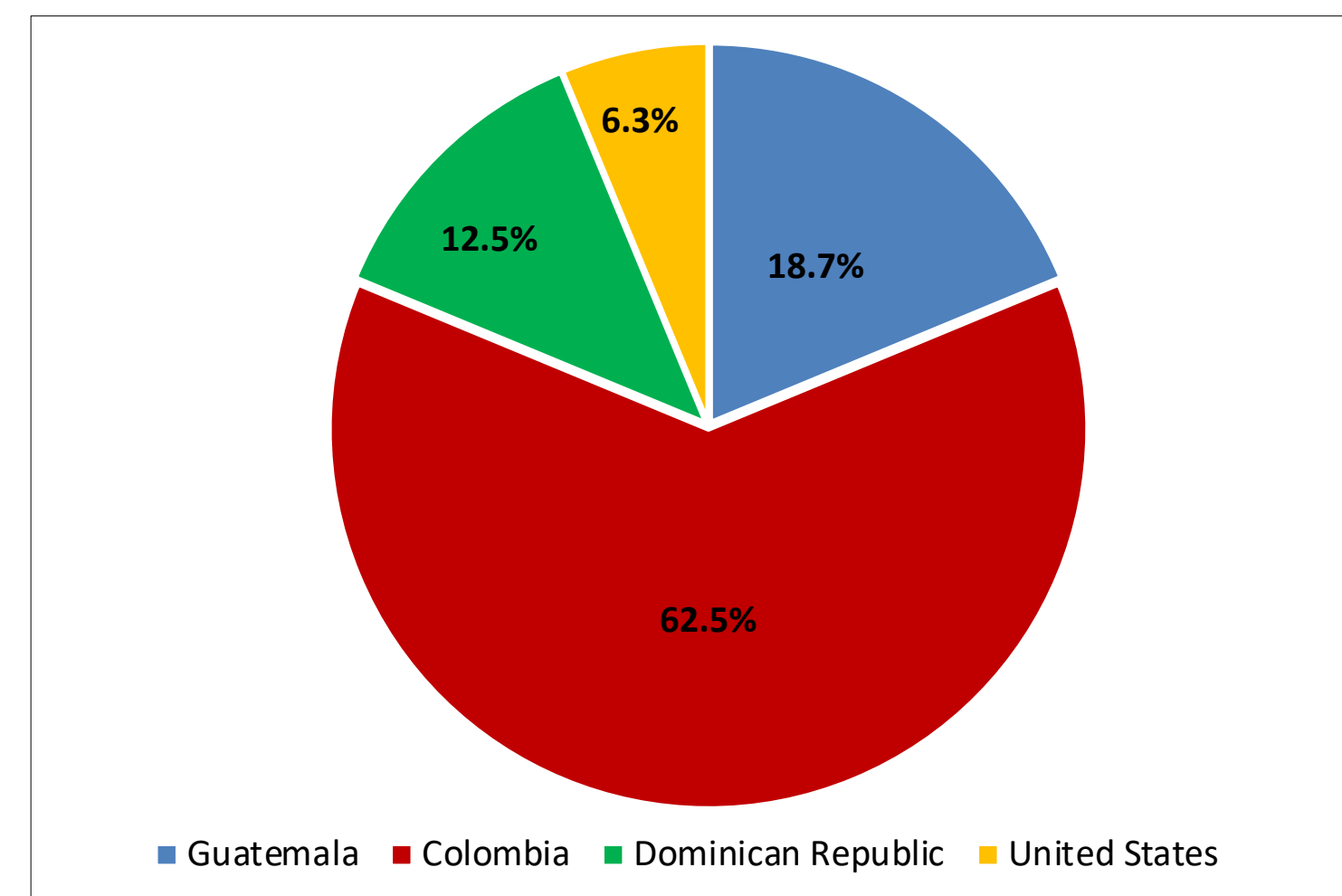


Figure 2. Distribution of participant country of origin.



Figure 3. Central Falls is the smallest city in the smallest state; its population is 64.0% Hispanic or Latino.⁴

Preliminary Conclusions

- With regard to learning how to manage diabetes from their physicians, patients often describe the physicians’ lack of cultural understanding: **“Es...la cultura de nosotros, cómo crecimos desde niño, la comida que consumíamos...a esta altura de la vida de nosotros, cambiar radicalmente esa forma de comer es muy difícil, es bien difícil.”** *“It’s our culture, how we grew up since childhood, the food we ate...at this point in our life, radically changing that way of eating is very hard, it’s quite hard.”*
- Physicians diagnosing diabetes tend to prescribe a medication without always explaining the importance of lifestyle changes: **“[El médico me dijo] que tenía que cuidarme e indicó mis medicamentos.”** *“[The doctor said] that I had to watch my health and prescribed the medication.”*
- Seeing physicians that speak a different language can be very difficult and can impact the patient’s opinion of the physician: **“Por un lado [la doctora de medicina general] me atiende, pero por otro ella no habla español...me siento incómoda porque yo quisiera decir lo que yo siento...pero [tengo que decir] a mi hija, ‘dile a ella esto y esto.’”** *“On the one hand [my PCP] pays attention to me, but on the other she doesn’t speak Spanish...I feel uncomfortable because I would like to just tell her how I feel...but I have to tell my daughter, ‘tell her this and that.’”*
- Injecting insulin and checking blood sugar can be very difficult for patients. **“Yo tengo ese aparatito pues yo no lo uso porque me da mucho miedo.”** *“I have that little machine [glucometer] but I don’t use it because it scares me.”*

Next Steps

- Complete full thematic analysis of interviews
- Provide results of findings to Progreso Latino to allow for development of programming; these will likely include suggestions to design a resource/class to teach culturally congruent dietary alterations and to create a guide to identifying Spanish-speaking physicians in the area
- Design a medical school workshop for first- and second-year students that focuses on understanding the voices and experiences of marginalized patients

Limitations

- Convenience sampling has biased toward older patients
- Individuals from only three different Latin American countries were interviewed
- Sample size is relatively small

References

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4. Image from Encyclopedia Britannica; population data from US Census Bureau.

Acknowledgments

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