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 outcomes 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 Progresso 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 Progresso Latino’s Wellness Center staff and approved by Brown University’s IRB**
- **Progresso Latino staff members recruited patients 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 interviewer’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/Crystalization analysis is still in progress)**

**Characteristics of Participants (n = 16)**

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

**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, como crecemos 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.”
- **In the end, understanding patient experiences is critical:**
  - “Yo tengo ese aparato 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 Progresso 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**


**Acknowledgments**

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**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.”**