

Diabetes, Disease Management, and Disability: Perspectives from a Diverse Population of Diabetics

Tammy Tom & Christy M. Nishita

Center on Disability Studies, University of Hawaii at Manoa

November 8, 2009, American Public Health Association, Philadelphia, PA

Background

Although culture may play a role in how individuals with diabetes participate in their disease management, it is possible that across ethnic backgrounds similar beliefs regarding support needs and disease perceptions provide a foundation for cross-cultural program and policy development. We tapped into a racially diverse group of diabetics participating in an existing research study¹ to examine this topic.

Research Questions

- (1) Do beliefs about the need for diabetes management supports differ among diabetics from different ethnic backgrounds?
- (2) Do beliefs about whether diabetes will affect future functioning or employment differ among diabetics from different ethnic backgrounds?

Methods

Sample

- 190 adults enrolled in the Hawaii Demonstration to Maintain Independence & Employment¹
- Pros: Ethnic diversity; Access to existing study data
- Cons: Convenience sample → Limits generalizability

Data Collection

- Questions added to existing study survey
- Mail survey with mail/email/phone follow-up
- 156 responses (82%)

Analyses

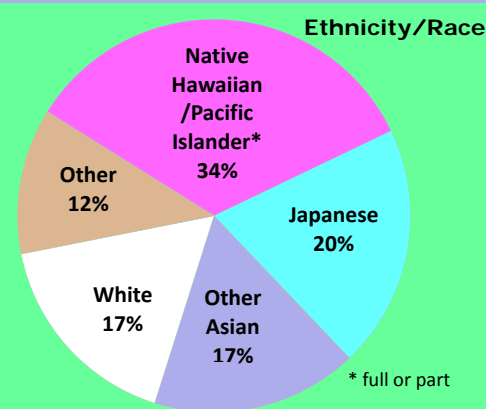
- Chi-square to examine similarities/differences in responses (independence/dependence of ethnicity/race and response)
- Priority given to NHPI races (part or full). Any other individuals of mixed race categorized as Other.
- Adequate Chi-square cell counts influenced category development – particularly Asians into Japanese and Other Asian (Chinese, Filipino, those of mixed Asian heritage).

¹ This poster is a side study of a federally funded RCT in progress (2007-2010). Study eligibility includes: diabetes diagnosis or 6.5+ A1c; 18 to 62 yrs old; working 10+ hrs/wk; min. wage+; living on Oahu; not receiving SSI or SSDI.

Respondent Characteristics

Diabetes Type Type 2: 88%	Gender Female: 65%
Years since diagnosis Mean: 8 yrs	Age Mean: 50 yrs
Hemoglobin A1c¹ Mean: 7.6%	Education Bachelor's degree or higher: 54%
Body Mass Index (BMI) ² Mean: 33	2007 Annual Earnings³ Mean: \$42K
Healthcare Coverage Insured: 99%	Employment Mean hrs worked/wk in past month: 37 hrs

¹ Obtained from healthcare provider ² Calculated from height and weight obtained from healthcare provider ³ Obtained from State of Hawaii Department of Labor & Industrial Relations



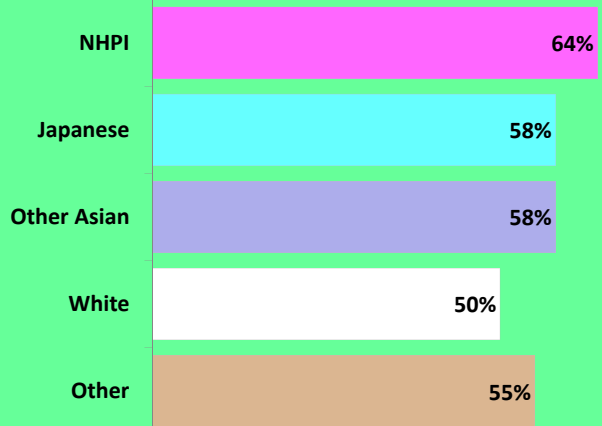
Results

1. Believe they need support to achieve specific disease management behaviors¹:
Responses similar across ethnicity/race

Behavior	All races	p-value
Maintain a healthy weight	74%	0.21
Maintain healthy blood glucose levels	74%	0.97
Exercise regularly	66%	0.49
Maintain healthy cholesterol levels	57%	0.89
Manage stress	55%	0.59
Maintain a healthy blood pressure	48%	0.53
See a healthcare professional regularly	31%	0.66
Take medication as prescribed	22%	0.98
Get a flu shot every year	17%	0.50
Not smoke	6%	0.68

¹ The list of behaviors on the survey mirrored Centers for Disease Control diabetes self-management recommendations

2. Believe diabetes will affect their future functioning or employment:
Responses similar across ethnicity/race (p-value = 0.81)



Discussion

Across ethnic backgrounds, beliefs about support needs and the effect diabetes may have on future functioning/employment were similar. Results represent the views of a diverse population of diabetics and could be used for cross-cultural policy and program development. Additional research could include surveying American Indian/Alaska Native, Black, and Hispanics who were not well represented in this sample. Examining what diabetics believe they need and the services they actually use warrants further investigation.

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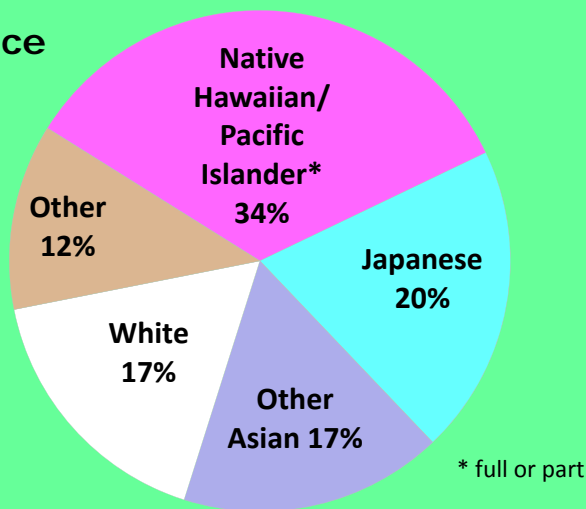
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Ethnicity/Race



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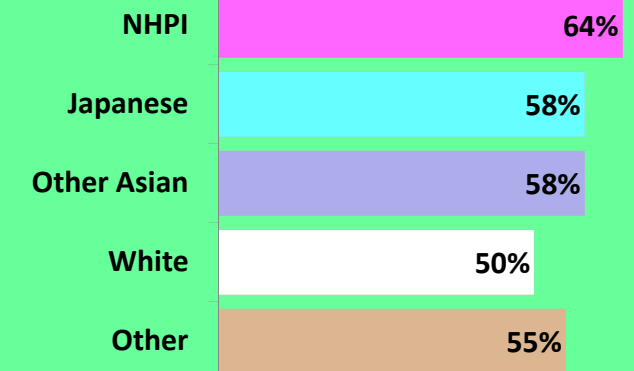
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