"It feels good to know that someone cares": Latino patients' life experiences influence motivations for attending a diabetes health education class

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Learning objectives:

1) Describe diabetic patients' motivations for attending a diabetes education class;
2) Describe ways in which patients' life experiences can influence motivations for attendance;
3) Discuss the way in which understanding patients' life contexts can lead to the development of more relevant content and effective strategies for class recruitment and retention.

Diabetes self-management classes at the UCI Santa Ana Family Health Center (FHC)

- The FHC is a federally qualified health center (FQHC) that serves a predominantly low-income, Latino population with limited English proficiency.
- Diabetes is highly prevalent among this population.
- Recognizing the need for self-management education, student volunteers led by a physician champion started free monthly, Spanish-language, education classes.
- Classes followed content suggested by the ADA (American Diabetes Association).

Despite the importance of diabetes self-management education, diabetes education is underutilized.[1] Factors for underuse and attrition include.[2,3]

- Competing priorities
- Apathy
- Transportation barriers
- Forgetfulness
- Regular consultation with a physician
- Low perceived seriousness of diabetes
- Lack of services

By understanding patients' motivations for attending classes and the ways in which their motivations interact with personal experiences can help identify areas to strengthen interventions for addressing attrition and low attendance.

Methods

[1] Powers, M.A, Bardsley, J., Cypress, M, et al. (2015). Diabetes self-management education and support in type 2 diabetes: A joint positions statement of the American Diabetes Association, the American Association of diabetes educators, and the Academy of nutrition and dietetics. *Diabetes Care*, 38, 1372.
[2] Gucciardi, E., DeMelo, M., Offenheim, A., Stewart, D.E. (2008). Factors contributing to attrition behavior in diabetes self-management programs: A mixed method approach. *BMC Health Services Research*, 8, 33.
[3] Peyrot, M., Rubin, R.R., Funnell, M.M., Siminerio, L.M. (2009). Access to diabetes self-management education: results of national surveys of patients, educators, and physicians. *Diabetes Educator*, 35, 246.

We conducted 7 focus groups in Spanish from Jan 2014 to Aug 2014. Discussions were audiorecorded, transcribed, and translated. Transcripts were content coded by two coders to create a thematic coding scheme. Patients were invited to participate if they had attended at least one diabetes class at the FHC.

Results

N= 19 (7 male, 12 female)	
• Mean age 54.2 years (range: 26-69) • 58% married or in domestic partnership • 58% less than high school education • 63% insured • 68% unemployed	• 3 stated they were pre-diabetic • Average of 7.7 years since first diagnosis • 63% had A1C levels tested within past 3 months • 95% had attended at least 3 class sessions

Motivations for class attendance	
Categories/themes	***Supporting quotations***
Desire to "do better" • Driven by fear of amputations/death/blindness • Self-care "feels good" • Family history of complications	"All my cousins are diabetic. One died, the other has no legs, and the other can't see. They didn't go anywhere. They didn't speak to anyone. So I take advantage of the fact the classes are offered. I take initiative to help myself and my family." (female) "I don't want to say my doctor is bad. But here I feel more comfortable talking about everything and I feel about 75% [better about] my diabetes. I feel good here…because I always have something new in me because of the class and I wait for the month to pass to return to the class." (male)
Access to information • Free (important for uninsured) • Unable to access info elsewhere • Insufficient info from physician	"I had no idea what diabetes was even though my mother had it. So, after coming, I realized what I didn't know. I was not on the track I wanted. I learned about things didn't know." (female)
A way to feel in control • Daily struggles with dietary changes • Limited financial resources create challenge to eating healthy foods • Cultural diets are "unhealthy"	"I have learned that eating well has really helped me. Before, I would eat a lot of bread. I was tired around the evening. I was very thirsty, and I felt sleepy. I changed my habit and it's like a burden was lifted off my shoulders. I felt liberated." (male) "Well, I come because even though I have 15 years with diabetes, I have not been able to control it. Sometimes I attend classes and it helps, I am motivated. I am in control. Then, I leave it and fall in the same trap. That is why I attend." (female)
Peer social support • Informal emotional support • Informational support • Source of support when family is unsupportive	"I felt very frustrated with the changes… Coming here with the group is like an injection of energy and that we can do it. Even at my age." (female) "[The volunteer] leave behind doing other things in order to be with us. And I tell myself that it is great that there are people that worry about us. It motivates you; it makes you think that life has meaning. It makes you feel good. The illness is here, but knowing helps. Like the psychological aspect of knowing that someone cares." (female)