



Improve Diabetes Management

CULTURAL RECOMMENDATIONS

Health disparities across cultural groups

People of color have higher rates of diabetes, various challenges controlling diabetes and often worse health outcomes. This resource provides cultural perspectives of diabetes management and tips to support patients from diverse cultures.

Common cultural perceptions about diabetes

Patients may have different understandings of diabetes and diabetes management. The table below includes some common cultural perceptions about diabetes. Using the recommended approaches to address these perceptions can help you respond to patients in a culturally sensitive manner while providing education.

Cultural perception	Culturally sensitive response
There are foods that can cure diabetes.	Many cultures think that certain foods can cure diabetes. Discuss the difference between cure and management of diabetes. Be sure to discuss culturally relevant food choices as part of diabetes management.
Insulin causes blindness.	Some think that insulin causes blindness and may not use it as prescribed. Help your patient understand that blindness and other forms of vascular and nerve damage are the result of unmanaged diabetes over long periods of time.
Prediabetes means you don't need to change your diet because you may never get diabetes.	It is important for patients to understand that prediabetes is a risk factor for developing diabetes. Emphasize that managing diet and exercise can help lower the risk of developing diabetes.
Diabetes is "sugar in the blood."	Understanding diabetes as "sugar in the blood" can lead to a lack of understanding of the insulin-glucose cycle in regulating blood sugar. Emphasize that many foods (not just sweet-tasting ones) can increase blood sugar. It also may be helpful to provide a plain language explanation of the insulin-glucose cycle.
Diabetes is the result of imbalance of mind, body and spirit.	Individuals from cultures that base health on the balance of mind, body and spirit integration will need support and guidance that includes food selections and exercises that maintain balance as well as support for their emotional wellbeing. ^{7, 8}
If I don't eat sweets for a few days, it will be ok to eat several servings of sweets another day.	Encourage patients to focus on daily intake of sweets and other foods that can have an impact on blood sugar. It is not healthy to overeat sweets, even if you have eaten healthy foods on other days. Discuss blood sugar management to make sure patients understand the insulin and glucose cycle.



In particular, Blacks/ African Americans and Latinos have higher rates of disparities related to diabetes management. Latinos of Puerto Rican and Mexican heritage are more likely to develop type 2 diabetes than Latinos of South American heritage.¹ Renal disease and retinopathy are more common among Latinos as a result of unmanaged diabetes.² American Hmong, Vietnamese and Cambodians also have high rates of diabetes.^{3, 4, 5} Blacks/African Americans have two to four times the rate of renal disease, blindness, amputations and amputation-related mortality of non-Hispanic whites.⁶

(continued)

Try these tips

Culturally appropriate interventions can lead to improved health outcomes, such as better A1c levels and more successful long-term diabetes management.^{9, 10} The tips below provide more strategies to support patient understanding and management of diabetes.

1 Provide plain language visual, print and audio resources that explain:

- Daily glucose and insulin management.
- How nerve damage occurs.
- Why a foot check is important.
- How foods help manage diabetes.

2 Suggest the use of social networks of family and friends to support diabetes management, such as:

- Group-based¹¹ and faith-based diabetes support groups.¹²
- Group-based and faith-based support, such as asking for diabetic friendly food options at gatherings.
- Culturally relevant nutrition education for those who grocery shop and prepare food for the patient.

3 Patients trust their providers and leveraging this position of authority can be helpful in **supporting patients who are challenged by friends and family**. You can do this by:

- Preparing 3-4 guidance statements for your patient that begin with “my doctor said ...”
- Ask your patient how they are managing their diabetes, including any home remedies that they may think are effective.



Questions?

For more information or resources, contact
**Cultural.and.Linguistic.
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¹ www.cdc.gov/diabetes/library/features/hispanic-diabetes.html.

² Peek, M.E., Cargill, A., & Huang, E.S. (2007). Diabetes health disparities: A systematic review of health care interventions. *MedCare Res Rev.* 64(5 Suppl): 101S–156S http://journals.sagepub.com/doi/abs/10.1177/1077558707305409?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Aacrossref.org&rfr_dat=cr_pub%3Dpubmed&.

³ Thao KK, Arndt B, Tandias A, Hanrahan L. The Prevalence of Type 2 Diabetes Mellitus in a Wisconsin Hmong Patient Population. *WMJ.* 2015 Oct;114(5):190-5. PMID: 26726339. <https://pubmed.ncbi.nlm.nih.gov/26726339/>.

⁴ De Souza LR, Chan KT, Kobayashi K, Karasiuk A, Fuller-Thomson E. The prevalence and management of diabetes among Vietnamese Americans: A population-based survey of an understudied ethnic group. *Chronic Illn.* 2020 Oct 15:1742395320959422. doi: 10.1177/1742395320959422. Epub ahead of print. PMID: 33054356. <https://pubmed.ncbi.nlm.nih.gov/33054356/>.

⁵ <https://link.springer.com/article/10.1007/s11892-015-0618-1>.

⁶ Peek, M.E., Cargill, A., & Huang, E.S. (2007). Diabetes health disparities: A systematic review of health care interventions. *MedCare Res Rev.* 64(5 Suppl): 101S–156S http://journals.sagepub.com/doi/abs/10.1177/1077558707305409?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Aacrossref.org&rfr_dat=cr_pub%3Dpubmed&.

⁷ The Emotional Side of Diabetes. <https://professional.diabetes.org/sites/professional.diabetes.org/files/pel/source/ada-factsheet-emotionalsideofdiabetes.pdf>.

⁸ Cultural and Family Challenges to Managing Type 2 Diabetes in Immigrant Chinese Americans. www.ncbi.nlm.nih.gov/pmc/articles/PMC2752925/.

⁹ Peek, M.E., Cargill, A., & Huang, E.S. (2007). Diabetes health disparities: A systematic review of health care interventions. *MedCare Res Rev.* 64(5 Suppl): 101S–156S.

¹⁰ Nadia S. Islam, Laura C. Wyatt, MD Taher, Lindsey Riley, S. Darius Tandon, Michael Tanner, B. Runi Mukherji and Chau Trinh-Shevrin. (2018 Jan). A Culturally Tailored Community Health Worker Intervention Leads to Improvement in Patient-Centered Outcomes for Immigrant Patients With Type 2 Diabetes *Clinical Diabetes* cd170068. <https://doi.org/10.2337/cd17-0068>.

¹¹ Odgers-Jewell K, Ball LE, Kelly JT, Isenring EA, Reidlinger DP, Thomas R. Effectiveness of group-based self-management education for individuals with Type 2 diabetes: a systematic review with meta-analyses and meta-regression. *Diabet Med.* 2017 Aug;34(8):1027-1039. doi: 10.1111/dme.13340. Epub 2017 Mar 20. PMID: 28226200.

¹² Faith based support for diabetes management: www.ncbi.nlm.nih.gov/pmc/articles/PMC8107980/.