



CULTURALLY SENSITIVE DIABETES CARE FOR LATIN FAMILIES

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NORMATIVE CULTURAL VALUES

Health care reflects:

Normative cultural values

Beliefs, ideas, behaviors that a particular culture values and expects in interpersonal relationships. Many Latin patients are bicultural.

CONCEPT OF HEALTH AND DISEASE

Prevailing View:

Western biomedical Model Bacteria, virus, environmental triggers, lifestyle, heredity, degeneration, autoimmunity

Latin Culture: Holistic; blend of mind and body. Emotions, events linked with health problems

CASE

Hispanic female diagnosed at 4 years of age with type 1 diabetes in DKA

Family Hx: Type 2 diabetes in many relatives. No Hx of type 1 diabetes

Social Hx: Young single mother living with her non-English speaking parents and patient's younger brother

- Father not involved-drug and alcohol abuser

Grandparents not present for diabetes education. Mother stated they are “still in denial”

Extended relatives in Mexico “afraid” of insulin

CASE (CONTINUED)

Multiple failed attempts to schedule grandparents for education

Written education materials in Spanish provided

Mother increasingly stressed and feeling blamed for child's diabetes

- Mother being accused of causing child's diabetes through "susto" due to history of abusive relationship with child's father
- GPs quoted "only older people get diabetes and then they die"
- MGM critical of mother for giving insulin, claiming that kidneys will go bad and child will go blind
- Mother feeling isolated from family and having to give injections in hiding

CASE (CONTINUED)

Concerns raised on follow-up visit:

A1c significantly higher than before and patient with continuing polyuria

Mother increasingly distraught

Glucose meter not brought in to visit

CASE (CONTINUED)

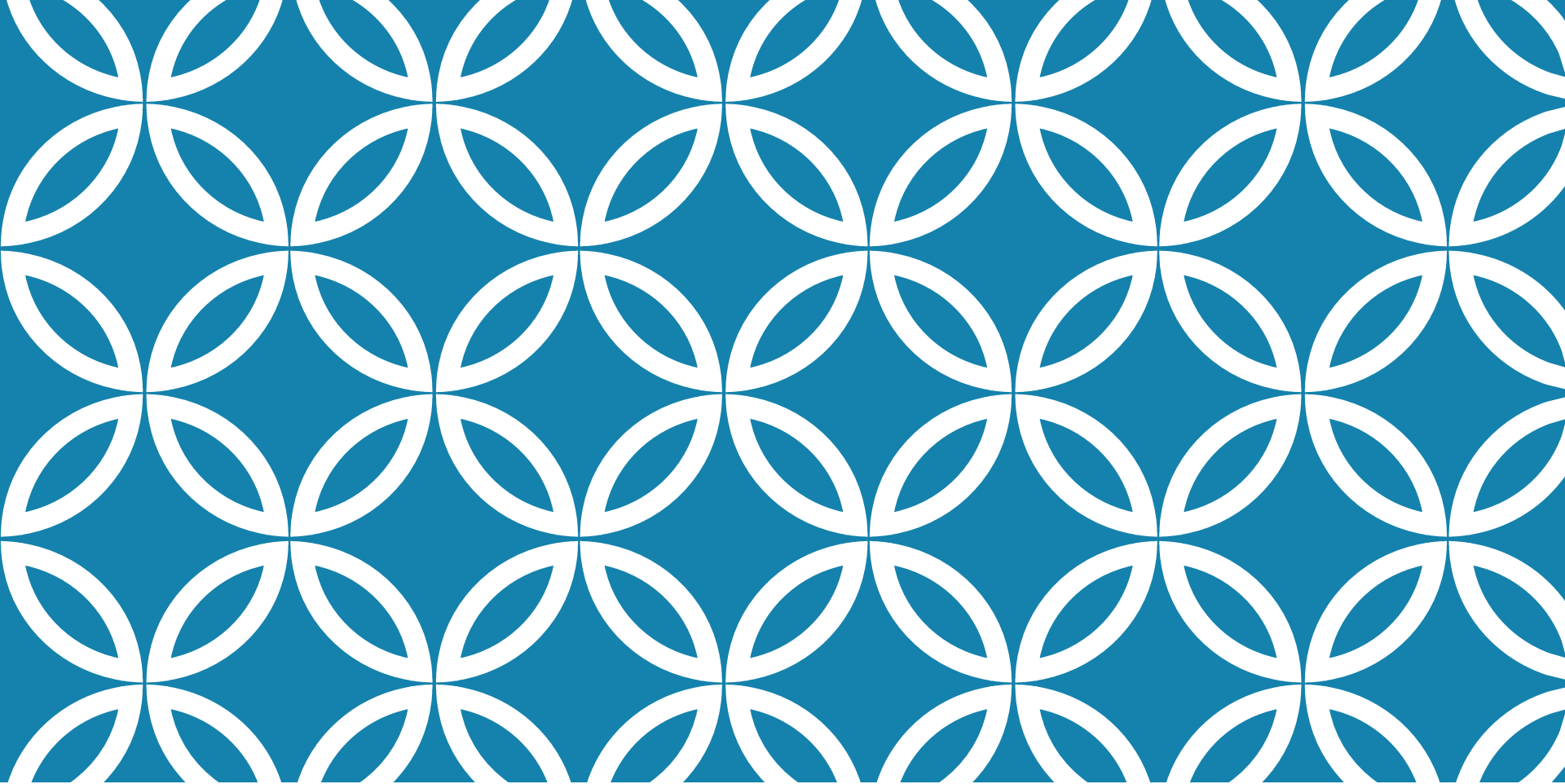
4 months post- diagnosis

- Mom became unavailable and GPs did not provide insulin to child for several days leading to severe DKA
- Child placed in foster care and grandparents express guilt

Family receives refresher in diabetes education emphasizing differences between types 1 and 2

Child eventually returned to family after safe home environment ensured by CPS

Family gradually accepts diagnosis and diabetes is brought under control



KEY POINTS

Case

FOLK BELIEFS-CAUSES OF DISEASE

Susto (fright): Sickness is secondary to an emotionally traumatic event such as an accident, argument, death, social impingement

Empacho: Obstruction in stomach or intestines due to altered eating habits or eating spoiled food

Mollera caida (Fallen Fontanelle): Sudden withdrawal of infant from breast, a fall or sudden bump.

Mal de ojo (Evil eye): Gaze from a powerful person who envies the child

Mal aire (Bad air): Sudden change in temperature or bewitching

ASPECTS OF THE LATIN CULTURE WHICH IMPACT EFFECTIVE COMMUNICATION

Personalismo: warm relationship

Simpatia: polite, pleasant

Respeto: language/authority

- **Afraid to question person of authority**

Familismo: family is central

- **Include influential family members in decision making**

DIABETES ONSET

Unfamiliar with condition

- **Type 1 diabetes (as a disease entity) is relatively unknown among many of our Latin patients while type 2 diabetes is very common**

Cause: susto, other ideas

Language barriers

Trust:

Health care provider: “foreign”

Financial issues; no insurance/underinsurance

Insulin: Afraid of it!

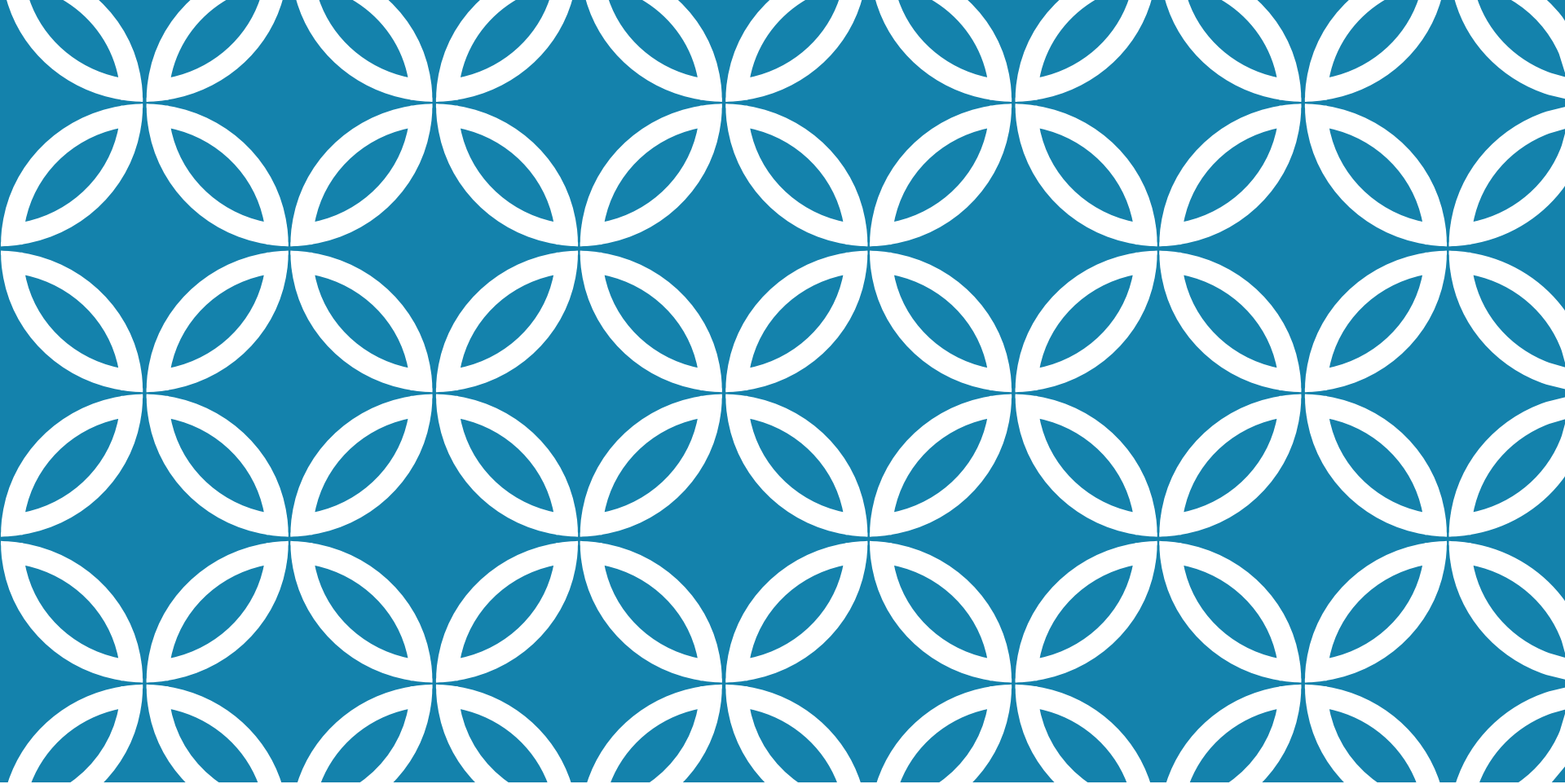
Logistics challenges (transportation, job, child care)

COMMON MISCONCEPTIONS

- **Insulin causes complications**
- **People die shortly after taking insulin**
- **Insulin is a drug of addiction**
- **Fear of increasing dose**

CONSULTAS

- **Family member, relative**
- **Healer: bruja, curandero, santiguadora, sobadora**
- **Folk remedies: Remedios**
- **Respected community provider, Emergency Dept.**



ADDRESSING COMMON BARRIERS TO EFFECTIVE TREATMENT



CLUES TO CULTURAL BARRIERS

Excessive efforts to “indulge” patient with the goal of avoiding emotional distress

- Example: Parent states they can't say no to child or prevent a young child from having free access to sweets
- Skip insulin doses to avoid distress

Reluctance to increase insulin dose

Parent repeatedly asking when diabetes will go away and when can insulin be stopped

BARRIERS: CULTURAL AND LANGUAGE

Alternative medicines/practices

- **WHO reports 70-80% of world populations rely on non-traditional medicine**
- **Increasing popularity of herbal products in developed countries**
- **Heavily advertised in Latino media outlets**
- **Lack of standardization and regulation**

Parental roles vs Extended family role

Availability of Spanish-speaking providers and resource contacts

OTHER BARRIERS TO CARE IN LATINO CULTURE

Excessive respect for health care providers

- **Afraid to ask questions**

WHAT CAN YOU DO AS A SCHOOL NURSE?

Build trust

Respect/acknowledge cultural differences

Find common ground

Ask about alternative medicine/practices and encourage discussing with their medical provider

Educate and dispel myths

Promote health literacy

Strengthen self-efficacy potential

SUMMARY

Cultural beliefs and customs can adversely affect treatment success if not addressed

Taking the time to learn about your patient's culture will help gain their trust and establish a working relationship

Proactively asking families about their health beliefs can prevent miscommunication, treatment delays and complications

Including important family members in decision making can have great positive impact on treatment success

Do not appear judgmental, acknowledge and respect cultural traditions and incorporate them into the treatment plan whenever possible

Thank You!

