MANAGING DIABETES WITH CULTURAL SENSITIVITY AND SELF-EMPOWERMENT

People with diabetes who manage their disease are less likely to have heart attacks and strokes. To manage diabetes, patients may control blood sugar levels by diet or medication, lowering blood pressure and cholesterol, and exercising regularly. Diabetes is very common among Latinos and African Americans. At the University of Michigan, researchers developed a program that helped people manage their diabetes, but the program has never been tested among groups of older Latinos or African Americans.

The researcher’s goal was to make cultural and age-specific changes to this program, which had a self-care empowerment program. We conducted focus groups with older Latinos and African Americans at two public health diabetes and geriatrics clinics and two senior centers in south Los Angeles. To be chosen for the focus groups, a person had to be Latino or African American, 55 years of age or older, and have diabetes. We also conducted 2 focus groups of health educators who care for older Latinos or African Americans with diabetes.

After describing the proposed program, focus group leaders asked participants: 1) whether their community would have interest in the proposed empowerment program; 2) reasons for supporting or not supporting the program; and, 3) suggestions for changing the program to meet the needs and concerns of the community.

Older African Americans and Latinos thought well of the program, but wanted more information on diet. They also said disability was a common problem among older persons with diabetes and suggested that the program address this need. Participants did not like the use of an audio learning tool and did not believe that making sure the facilitator was the same age or race as the group members was important, as long as facilitators were sensitive to cultural differences.

Results from the focus group will be used to make changes to the self-care program to improve the health of older Latinos and African Americans.

Source: Using Focus Groups of Older African Americans and Latinos with Diabetes to Modify a Self-Care Empowerment Intervention
Catherine A. Sarkisian, MD, MSPH; Rebecca J. Brusuelas; W. Neil Steers, PhD; Mayer B. Davidson, MD; Arleen F. Brown, MD, PhD; Keith C. Norris, MD; Robert M. Anderson, EdD; Carol M. Mangione, MD, MSPH

MANY NURSING HOME PATIENTS DO NOT RECEIVE DIABETES MEDICINE

Nearly one in five nursing homes residents has diabetes. Blacks and Hispanics have the highest rates of diabetes, followed by Whites and Asians. For Native Americans, the rate of diabetes is linked to the area in which they live. Studies have shown that ethnic minorities are more likely to have complications from diabetes than Whites do.

In our study, we wanted to see if there were differences in how older people with diabetes were treated. We examined whether use of medicine among nursing home residents with diabetes differed by race and ethnicity. We compared use of medicine by Blacks, Hispanics, Native Americans, and Asian/Pacific Islanders who were living in nursing homes in five different states (New York, South Dakota, Kansas, Mississippi and Ohio).

Overall, up to half of nursing home residents were not taking medicine for their diabetes. Blacks were 6% less likely and Hispanics were 3% less likely to be taking medicine for their diabetes than Whites were. Asians were 2% more likely to be taking medication for their diabetes than Whites were. The findings for Native Americans were different according to their state of residence. There was no difference for those living in New York, but Native Americans living in South Dakota were 11% less likely than Whites to be taking medicine for diabetes.

More research is needed to understand why some nursing homes residents are less likely to receive medicine for diabetes.

Source: Racial and Ethnic Disparities in the Pharmacologic Management of Diabetes Mellitus Among Long-Term Care Facility Residents
Jenifer E. Allsworth, PhD; Rebecca Toppa, PhD; Nicole C. Palin, BA; Kate L. Lapane, PhD

HELPING AMERICAN SAMOANS QUIT SMOKING

Scientists know very little about the smoking habits of Pacific Islanders and American Samoans. One of the reasons for this lack of information is that these groups of people were placed in the group, “Asian American and Pacific Islanders.” American Samoans are the people who originally lived in the US Territory of American Samoa. An understanding of smok-
ing habits among American Samoans can help to develop and conduct programs to reduce and stop this habit.

For our study, 1,834 American Samoan adults (18 years and older) were interviewed in the US Territory of American Samoa, Oahu (Hawaii), and in Los Angeles (California). Study participants were asked if they had ever smoked cigarettes in their life, if they currently smoked cigarettes, and if they quit smoking.

The results showed that more American Samoan men than women currently smoked cigarettes. Also, more American Samoans living in American Samoa than those living in Hawaii or Los Angeles currently smoked cigarettes. American Samoans who were younger, male, married, with lower levels of education, with lower levels of yearly income, and who had taken programming habits among American Samoans can help to develop and conduct programs to reduce and stop this habit.

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**FOR THE PATIENT**

Obesity is common in South Africa, especially among Black women. One study showed that more than 70% of women living in Ndunakazi, a rural village in the mountains in KwaZulu-Natal, are either overweight or obese. It is important to control weight because obesity is linked with diabetes, high blood pressure, high cholesterol, asthma, arthritis, and poor health.

In our study, we looked at how people in this rural community viewed weight. Women who were between 25 and 55 years of age were asked questions about the food they ate, their health, and attitude toward weight control. Some questions asked the women if they knew about the dangers and causes of obesity. Of the 187 women who were interviewed, 54 (29%) were of normal body weight, 77 (41%) were overweight and 56 (30%) were obese.

The overweight and obese women ate more than the normal weight women. Food choices were the same among the three groups, although those who were overweight and obese ate more high-fat foods, fast foods, fried foods. Baked products were not eaten very often. Foods eaten most often were *phutu*, which is a stiff, hot cereal made with cornmeal, bread and rice. Cabbage and *imifino*, which is a vegetable stew of different dark-green leaves, were the vegetables most often eaten, and bananas, apples and oranges were the fruits most often chosen. Phutu-with-imifino and samp-and-beans were the most favorite foods, while a dish made with cornmeal and pumpkin (*lisiingi*) was the most disliked food.

Most of the women did not think that a person’s health was linked to the food eaten and they disagreed that fat people eat more than thin people. Only a few believed that obesity is caused by behavioral factors such as eating too much food or not exercising. The women thought the greatest causes of obesity were biological factors that were not under their control.

**UNDERSTANDING REASONS FOR OBESITY IS IMPORTANT TO WEIGHT CONTROL PROGRAMS**

Most of the overweight or obese women in the study did not think they were too fat but instead liked their weight. Most of them were not worried about their weight. This makes it difficult to treat or prevent obesity and places the women at risk for more weight gain and poorer health.

Nearly half of the women said that fat women are well cared for by their husbands and they thought that those who lost weight had financial problems. Obesity for this Black population is thought to reflect well on a husband’s ability to care for his wife and family. According to the women, their husbands would be unhappy if they lost weight, probably because weight loss is also associated with HIV/AIDS, which is widespread in South Africa. Over the years, the Black South African population has linked obesity with wealth, prosperity, and happiness.

Many of the obese women in the study had high blood pressure. People with high blood pressure are at risk for coronary heart disease and stroke. Prevention of high blood pressure is very important, and, as obesity is an important risk factor contributing to high blood pressure, something must be done to lower the high rates of obesity.

Obese women complained more about back pain, sore bones and sore knees. These health issues should be used in weight control programs to show the harmful effects of obesity.

Weight control programs for this rural community should understand how the community views overweight and obesity. An effective program is needed for these rural women who usually do not have access to primary health care and recreational facilities.

**Source:** Dietary Intake, Perceptions Regarding Body Weight, and Attitudes Toward Weight Control of Normal Weight, Overweight, and Obese Black Females in a Rural Village in South Africa

*Mieke Faber, PhD; H. Salome Kruger, PhD*
Chronic pain is a common health problem that harms a person’s physical health, psychological health, and social well-being. It also contributes to lost work and increased healthcare expenses. Poor health due to chronic pain is a growing public health problem.

Members of racial and ethnic groups are vulnerable to chronic pain and suffer physical problems due to pain. They also may not receive treatment for their pain. Older adults from different racial or ethnic backgrounds may be at greater risk for chronic pain and under-treatment.

The factors linked with chronic pain management among different racial groups are not understood very well. For example, although 13% of the US population are Black Americans, they have severe illnesses more often than Whites. They are also more likely to be told of their illness at a younger age and are more disabled from similar diseases than White Americans. It is not known if the increased psychological problems seen in individuals with chronic pain are worse among Black Americans.

To understand chronic pain among older Blacks, a study was conducted to look at the relationship of pain intensity, age, sex, education, income, as well as physical and mental health factors among 189 African Americans (50 or more years of age). We found that those who had more pain were younger, reported more depression and physical problems, such as walking and bending, hand, finger and arm movement, self-care, and completing household chores.

Our findings show the importance of continuing research on how disease progresses and on the physical and mental health effects for adults from different ethnic backgrounds. Research exploring pain within racial and ethnic groups is needed to develop a body of knowledge important to an aging population. This type of research would provide an understanding of the physical and psychological effects of chronic pain in Blacks. Future work should develop models that explain how social, race and ethnicity, and environmental factors are part of daily pain among adults from different populations.

Source: Chronic Pain in Older Black Americans: The Influence of Health and Psychosocial Factors
Tamara A. Baker, PhD

Collecting Cancer Information in New Hampshire

The collection of information is important to better understand health issues for different groups of people. This article looks at how information on race and ethnicity is collected for cancer patients in New Hampshire.

To find out how many people have cancer, scientists look at the numbers from two sources. First, the number from the US Census Bureau gives the number of people in each ethnic group. For the 2000 Census, people were asked to name their race and ethnicity. From the answers, the Census found 249 race and ethnic groups. The second number used by scientists is taken from hospital and other healthcare provider reports to each state’s cancer registry. To find out this number, hospitals and other healthcare providers do not ask the patient to report ethnic background but have other ways of deciding a patient’s race and ethnicity. For example, a nurse or doctor might report ethnic background based on looking at the patient. A report based on this type of estimate might not be correct.

There are many difficulties to collecting information on race and ethnicity. Public and hospital policies, computer systems to hold the information, and the training of staff are just a few of the difficulties. This article reviews the law, problems, and changing ethnic groups of the US population.

Source: On the Coding and Reporting of Race and Ethnicity in New Hampshire for Purposes of Cancer Reporting
Bruce L. Riddle, PhD

Exercise Is Important to Preventing and Controlling Type 2 Diabetes

Type 2 diabetes is a serious problem for Aboriginal populations in Canada. Regular exercise is important to prevent and manage type 2 diabetes. For this study, we wanted to find out several things: 1) did Aboriginals understand the importance of exercising? 2) did Aboriginals exercise often? 3) was the Social Cognitive Theory linked to exercise? Thirty-four Alberta, Canada Aboriginals with type 2 diabetes completed a survey related to these three questions.

From the participants’ answers, we found some common themes. First, most Aboriginals indicated that their normal life patterns affected the amount of exercise. For example, they described youth as a time for more recreational activities and an active lifestyle. The participants described adulthood as a time when activities focused on work and household duties. Leisure-time activities were reserved for youth. To help Aboriginals with type 2 diabetes benefit from leisure-time physical activity, it is...
therefore important that messages encourage leisure-time activities in adulthood.

To find answers to the second question, the survey asked participants to report on physical activity. More than half the participants were not active enough to gain any health benefits. Because of this high number of individuals who reported low levels of physical activity, public health officials should develop physical activity programs for Aboriginals with diabetes. These programs should be community-based and sensitive to cultural needs. In order to have the community participate, the programs should involve elders, chiefs, and other community leaders and should be supported by a public health policy which encourages active living and healthy environments.

Walking was the most often reported physical activity. Nearly seven in 10 participants reported walking for exercise at least once in the last two weeks. Based on this fact, we recommend that environmental and political changes should be made to support walking (for example, making safe walking trails part of the community).

The survey results also showed that schools should help to encourage physical activity. Staff, teachers, and principals may want to encourage the community through community events. Those with type 2 diabetes would also benefit by having health professionals, friends, and relatives encouraging them to exercise, especially if they cannot notice improvements from physical activity and when they are experiencing diabetes problems.

Diabetes is a growing problem among Canadian Aboriginals. Exercise programs to manage and prevent diabetes are very much needed.

Source: Physical Activity of Aboriginals with Type 2 Diabetes: An Exploratory Study
Stephanie Brunet, MSc; Ronald C. Plotnikoff, PhD; Kim Raine, PhD; Kerry Courneya, PhD

DO CANADIAN NEWSPAPERS PRINT READABLE, TIMELY CANCER STORIES?

This study looked at how often news reports covered cancer among ethnic groups in Canada. By looking at this fact, we hoped to find out more about the cultural values on health and illness.

We had two goals for this study: 1) to find out how much and what type of cancer news stories were printed in Canadian ethnic minority and mainstream newspapers; and 2) to compare this newspaper coverage of cancer with cancer death rates in Canada. Because minorities often have less education and lower reading skills than the general population, we also studied the reading level of cancer articles in the selected newspapers.

Results showed that in 2000, 748 cancer articles were published in 32 Canadian newspapers. Of these, 27 articles were in ethnic minority papers (Jewish, First Nations, Black/Caribbean, and East Indian papers) and 721 were found in mainstream, provincial newspapers. Results showed that breast cancer was the most common cancer covered in newspapers, with less coverage of colorectal, prostate, and lung cancers.

Limited lung cancer coverage is alarming because it is the leading cause of cancer death for men and women. Although lung cancer rates for specific ethnic groups in Canada are not available, First Nations populations have very high rates of cigarette smoking and tobacco use. The coverage of prostate cancer in newspapers accurately reflected death rates for this cancer compared to the other cancer types. Less reporting of prostate cancer in newspapers may be due to fewer advocacy groups and men not wanting to talk about a disease related to sexuality.

The average reading level of the cancer articles was difficult at a senior high school level (Grade 12.8), with highest readability in East Indian papers (Grade 16.3) and lowest readability in First Nations papers (Grade 11.3). Cancer information in newspapers should be written at a level suitable for people with basic reading skills. A surprising result was that very few cancer articles mentioned ethnic minority populations as their readers.

Writing cancer articles for specific ethnic minority groups could provide readers with a sense of ownership and identification, and encourage them to seek out additional cancer information resources. A balanced coverage of cancer risks in newspapers could contribute to increased cancer awareness and prevention behaviors among Canadian ethnic minority groups.

Source: Disparities in the Coverage of Cancer Information in Ethnic Minority and Mainstream Mass Print Media
Laurie Hoffman-Goetz, PhD, MPH; Daniela B. Friedman, MSc