Health Beliefs of Hispanic Patients with Prediabetes in the Lehigh Valley

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Health Beliefs of Hispanic Patients with Prediabetes in the Lehigh Valley

A Qualitative Examination

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Who We Are: A Complete Health Network

Lehigh Valley Health Network

LVH–Cedar Crest
LVH–17th Street
LVH–Muhlenberg
LVHN–Tilghman
LVH–Pocono
LVH–Schuylkill E. Norwegian St.
LVH–Schuylkill S. Jackson St.
ExpressCARE
Home Health
LVPG
Health Centers
Lehigh Valley Children’s Hospital
Overview

- Purpose of Study
- Theoretical Context
- Methods
- Findings
- Conclusions
- Questions
Purpose of Study: A Need for Intervention

- Hispanic patients with prediabetes at greater risk of diabetes
- What else could physicians be doing?
- Patients likely have insights they’re not sharing in clinical setting

Research objective: Explore how Hispanic adults with prediabetes perceive current health status and risk for progression to diabetes
Theoretical Context: Health Belief Model

Study Aims through Lens of Health Beliefs Model

- **Aim 1**: How Hispanic adults with prediabetes view personal risk of progression to diabetes (PERCEIVED SEVERITY/SUSCEPTIBILITY)

- **Aim 2**: How participants interpret glucose-related biomarkers in relation to health status (CUES TO ACTION–CLINICAL INFORMATION)

- **Aim 3**: Understand health beliefs around prediabetes (CUES TO ACTION – OTHER INFLUENCES)
Methods

- Phase 2 of 4-phase intervention study
  - Phase 1 = Mailed survey
  - Phase 2 = Individual interviews with subgroup of respondents
  - Phase 3 = PASAC to refine tool for shared decision making
  - Phase 4 = Clinical pilot testing of decision aid/graphic
Methods

- Semi-structured interview guide
- One-on-one interviews
- Infographic on prediabetes
- **Analysis**: Individual and consensus coding of transcripts
  - *a priori* and emergent themes relevant to Health Belief Model
  - Kappa scores and member checking utilized for validation
Results - Demographics

- 18 interviews conducted
  - 8 in English, 10 in Spanish
  - 14 female, 4 male
  - Ages 40-70
    - Employment: FT-2; PT-1; Disabled-6; UE-8; Not in Market-1
    - Education levels ranged from some middle school to bachelor’s degree
  - Majority not born in US (4 US, 4 Puerto Rico; 10 other)
Results – Interpretation of Biomarkers

- All participants aware of diagnosis
- Low level of understanding about illness
  - Blurred line between prediabetes and diabetes
- Familiar with terms “A1c level,” “glucose,” “blood sugar”
Results—Exemplar quotes

“Glucose is like what is in the blood, and that’s what gradually causes diabetes, I think.”

“Something about your insulin not making enough of—something that had to—I don’t remember.”

“When the people have the glucose over the normal number—this is between 5.5 to 6—is prediabetic. Over 6 is diabetic.”
Results - Risk of Progression

- **Severity**
  - Described as “Serious,” “Bad,” “Scary”

- **Susceptibility**
  - Recognize role of diet and activity choices
  - Family history frequently cited
  - Spirituality: God as healer and/or source of strength
Family History: “I’m going to be diabetic no matter what, because my mom, my dad, and my sister, my uncle, my grandma, so I know it’s coming.”

Spirituality: “God is probably telling me, ‘You got to eat healthy, you got to be watching what you eat - rice, the carbs, the sugar - and exercise.’ ”

“He is our doctor of doctors. I ask Him every day to heal this illness since I don’t want to suffer.”
Results - Health Beliefs about Prediabetes

- **Sources of knowledge**
  - Social interactions with family/friends most impactful
  - Physicians diagnose, check blood values, offer nonspecific Tx’s
  - Other health care professionals frequently cited as helpful
  - Technology-savvy participants searched for info on own
“What my sister used to do, she washes those beans. All that stuff that preserves them. She wash them until clear water runs down then she makes beans so I think that's really – she takes care herself good.”

“My mom gives me some advice…such as eating pickles or using the Napa cabbage. She already knows. She does many smoothies to help, and it has helped her so far.”

“I have four girls…they need me.”
Summary

- Overestimated patient grasp of illness
  - For many, prediabetes = diabetes
  - Sugar/lack of exercise/family history
  - Minimal self-efficacy

- Clinician takeaways
  - Delivery of diagnosis not enough
  - Health literacy (not language barrier)
  - Clues in spiritual beliefs/social world

- Next steps
  - Complete phases 3 & 4 of project
  - Collaboration opportunities
  - Explore educational opportunities for patients and clinicians
References


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Questions?

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