

CULTURAL CONSIDERATIONS IN DIABETES MELLITUS

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INTRODUCTION

- Diabetes mellitus is a chronic condition with significant global prevalence
- Cultural beliefs, practices, language, socioeconomic factors, and health literacy deeply influence the way individuals perceive, manage, and respond to this disease
- Understanding and addressing these cultural factors is critical for effective diabetes education, prevention, and treatment



CONTENTS



- Health beliefs and perceptions of illness
- Dietary practices and traditional remedies
- Ethnic and racial disparities
- Socioeconomic factors and health literacy
- Cultural competence in diabetes care
- Examples in specific populations

Causation beliefs: In some cultures, diabetes may be attributed to supernatural causes, fate, or imbalance in life energy



Perception of illness: Some groups may view diabetes as a temporary condition or not serious until complications arise





01

Food is often central to cultural identity and social gatherings

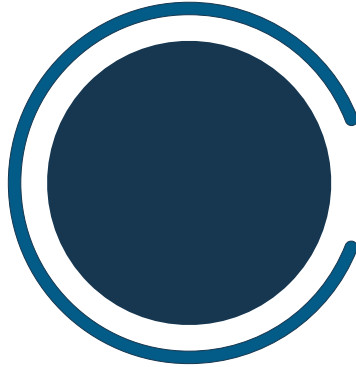
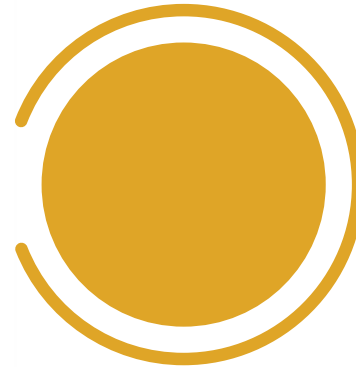
02

Cultural staples may conflict with typical dietary recommendations (e.g., high rice consumption in Asian populations, tortillas in Hispanics)

03

Religious practices such as fasting (e.g., Ramadan in Muslims, Lent in Christians) can complicate glycemic control

Use of herbs, teas, or alternative medicine is common in various cultures



These may interact with prescribed medications or delay appropriate treatment

Higher risk populations:

African Americans
Hispanic populations
Native Americans
Pacific Islanders
South Asians

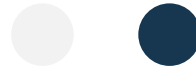


- Limited access to care, lower education levels, and food insecurity disproportionately affect minority communities
- Language barriers may result in miscommunication or non-adherence to treatment





Language and
Interpretation



Use of professional
interpreters is crucial;
reliance on family
members may lead to
omissions or inaccuracies



Culturally appropriate
visual aids and translated
materials can enhance
understanding



Some patients may struggle with reading nutrition labels, measuring glucose, or calculating insulin doses



Health literacy assessments and tailored education strategies are essential

Principles of Culturally Competent Care:

- **Respect:** Acknowledge and value the patient's cultural background
- **Empathy:** Understand the emotional and cultural context of living with diabetes
- **Collaboration:** Work with the patient to incorporate culturally meaningful practices into care





- LEARN Model (Listen, Explain, Acknowledge, Recommend, Negotiate)
- ETHNIC Model (Explanation, Treatment, Healers, Negotiate, Intervention, Collaboration)
- Campinha-Bacote Model (Cultural awareness, knowledge, skill, encounters, and desire)

Community-based programs tailored to specific populations have been shown to improve outcomes



Peer educators or community health workers can bridge cultural and linguistic gaps





Modify exercise and diet
recommendations to align with
culture



Involve family members and
community in care

RELIGIOUS AND SPIRITUAL CONSIDERATIONS



Fasting and feasting can significantly impact blood sugar control



Some patients may prioritize prayer or spiritual healing over medical advice



Collaborating with faith leaders or incorporating spiritual practices can enhance adherence



CASE EXAMPLES



- Language barrier (Spanish)
- Traditional foods rich in carbohydrates
- Socioeconomic barriers (insurance, income)





- Language barrier
- Strong emphasis on starch-heavy foods and sweets
- High rates of insulin resistance even at normal BMI



- Southern food!

- Trust in healthcare providers



- High obesity rates

SUMMARY AND RECOMMENDATIONS

- Cultural competence is not about mastering every culture, but about being open, respectful, and responsive to patients' unique backgrounds
- Interdisciplinary teams including dietitians, educators, community health workers, and behavioral specialists are key
- Ongoing training in cultural sensitivity and humility should be a standard part of diabetes care delivery



- *Transcultural Diabetes Care in the United States – A Position Statement by the American Association of Clinical Endocrinologists*
- *Improving Cultural Humility and Competency in Diabetes Care for Primary Care Providers*
- *Self-reported Cultural Competency Measures Among Patients with Diabetes: A nationwide Cross-sectional Study in the United States*
- *Understanding the Influence of Ethnicity on Adherence to Antidiabetic Medication: Meta-Ethnography and Systematic Review*
- *American Diabetes Association. Standards of Medical Care*