

Culturally Appropriate Diabetes Intervention Strategies in Community Health Centers; a Literature Review Focused on the Hispanic/Latinx Community



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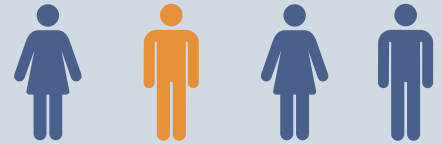
Type 2 Diabetes in America



Americans living with
Type 2 Diabetes



1 in 10 Americans



Up to 1 in 4 within some
Hispanic subgroups

Diabetes Burden: Disability and Early Death

Risk of **early death** for adults with diabetes is

60%

HIGHER

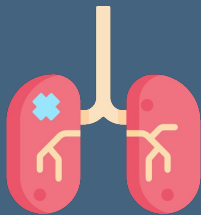
than for adults without diabetes



Blindness



Stroke



Kidney Failure



Loss of Toes,
Feet, or Legs



Heart Disease



Premature
Death

Financial Burden



\$327
BILLION

Total medical costs and lost work
and wages for people with
diagnosed diabetes



Medical costs for people with diabetes are
more than **TWICE** as high as for people
without diabetes

Disproportionate Disease Burden

Hispanic/Latino Americans are **more likely** to develop prediabetes and type 2 diabetes.



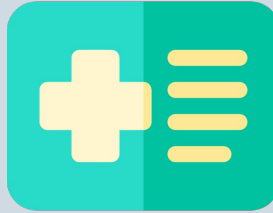
Over their lifetime, US adults overall have a **40%** chance of developing type 2 diabetes.

If you're a Hispanic/Latino American adult, your chance is **more than 50%**, and you're likely to develop it at a younger age.

Factors Impacting Diagnosis, Care & Treatment of Type 2 Diabetes in Hispanic/Latinx patients



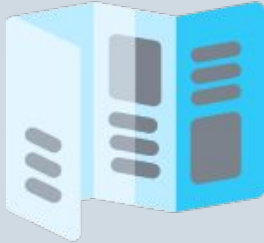
High Cost



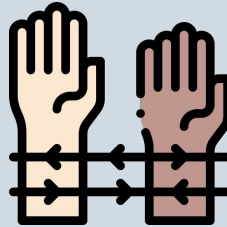
Health Insurance



Communication Barriers



Health Literacy

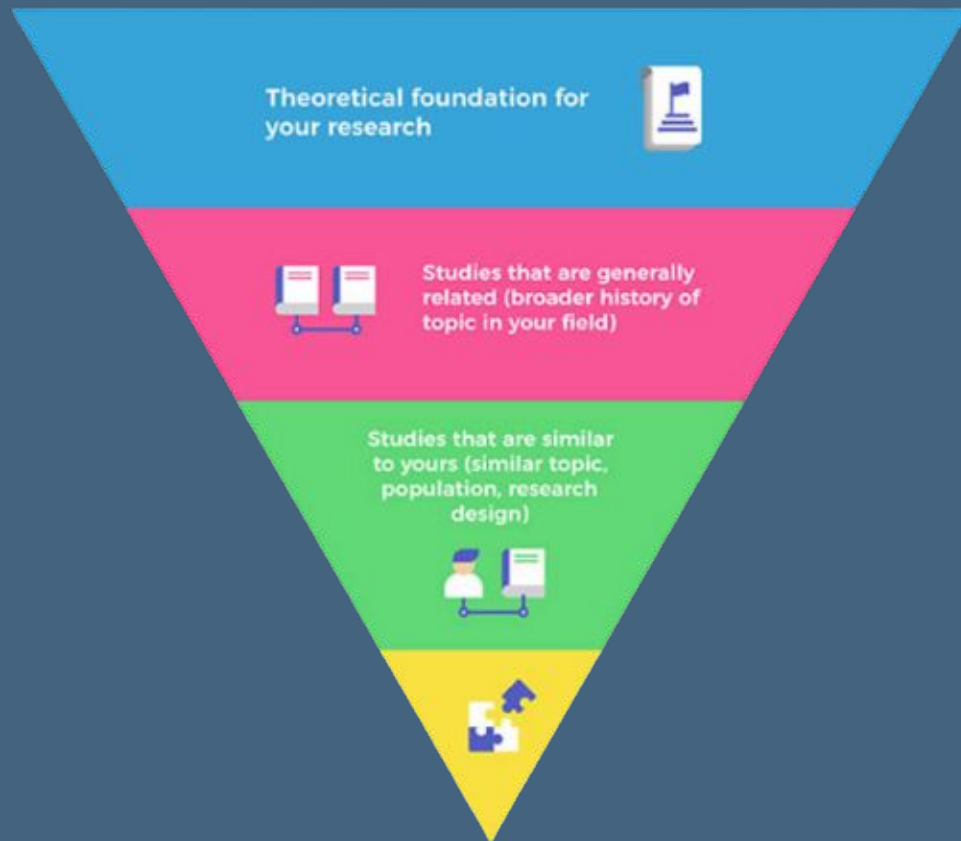


Immigration Status



Heterogeneity & Cultural Differences

Literature Review Methods



Our Research Gap



Our inclusion criteria for searches conducted on all databases:

- ✓ Non-pregnant
- ✓ Hispanic/Latinx persons
- ✓ T2D or prediabetes
- ✓ CHC/FQHC care setting
- ✓ Published after 2005

Reasoning for our Inclusion Criteria

1. Non-pregnant
2. Hispanic/Latinx persons
3. T2D or prediabetes
4. CHC/FQHC care setting
5. Published after 2005



1 in 5 Latinos is uninsured



83% of CHC patients are publicly insured or uninsured

Literature Search Results

- | | |
|-----------------------------|---------------------------|
| 1. Soltero et al., 2019 | 9. Welch et al., 2011 |
| 2. Spencer et al., 2018 | 10. Sadowski et al., 2011 |
| 3. Goff et al., 2017 | 11. Rosal et al., 2010 |
| 4. Leung et al., 2018 | 12. Rashid et al., 2017 |
| 5. Van Name et al., 2016 | 13. Brunk et al., 2017 |
| 6. Solorio et al., 2015 | 14. Heisler et al., 2014 |
| 7. Detz et al., 2014 | 15. Merriam et al., 2009 |
| 8. Chakkalakal et al., 2012 | |



Literature Review Organization

We organized the literature into **5 broad themes**:

Enhanced Primary Care & Patient Navigation	Family & Community-Based	Education-Based	Literacy, Language Discordance, & LEP	Community-Based Participatory Research
Goff et al., 2017	Soltero et al., 2019	Welch et al., 2011	Leung et al., 2018	Spencer et al., 2018
Solorio et al., 2015	Van Name et al., 2016	Rashid et al., 2017	Detz et al., 2014	Merriam et al., 2009
Sadowski et al., 2011	Chakkalakal et al., 2012	Brunk et al., 2017	Rosal et al., 2010	
			Heisler et al., 2014	

Culturally Appropriate Approaches

1. Enhanced Primary Care and Patient Navigation:

- Provide patient support
- Improve communication & health literacy



2. Family and Community-Based:

- Family support is key in successful diabetes management

3. Education-Based:

- Informational material tailored to their needs



Culturally Appropriate Approaches

4. Literacy, Language Discordance, and Limited English Proficiency (LEP)

- Remove communication barriers
- Improve quality of care



5. Community-Based Participatory Research

- Address health disparities in a high-risk population
- All-encompassing approach
- Used clinic patients as participants



Results

Results from our literature review support the efficacy of culturally appropriate interventions used in preventing, treating, and managing diabetes and its related complications.

Culturally appropriate approaches:

- Helped maintain/improve diabetes outcomes
- Found across many studies we reviewed

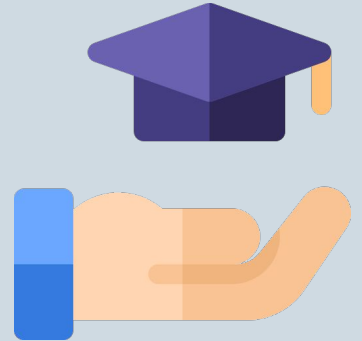


Conclusions & Future Research

Our literature review provided support for effective and culturally tailored diabetes interventions for Hispanic/Latinx people that received care in community health centers.



Future research focused on the diabetic Hispanic/Latinx population must refer to literature containing these successful diabetes intervention strategies that were tailored to this heterogeneous population.



Acknowledgements

I would like to thank everyone who made this opportunity possible for me
Dr. Bienen, Dr. Faaleava, Brooke, Sulema, my peers, my family, and friends.

A large, white, handwritten-style text that reads "THANK YOU!". The letters are thick and slightly irregular, with a casual, personal feel. The "T" is particularly large and has a long horizontal stroke. The "Y" is also large and has a long vertical stroke. The "U" is smaller and has a short horizontal stroke. The exclamation mark is simple and bold.

References:

Slide 1:

Diabetics Testing Blood With Flat Design (2020). Freepik. Retrieved August 11, 2020, from https://www.freepik.com/free-vector/diabetics-testing-blood-with-flat-design_2687286.htm

Slides 2-4 (Statistics):

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