

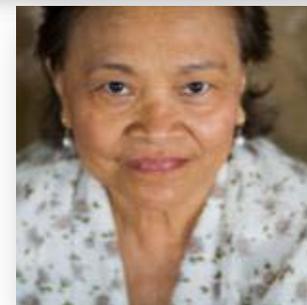
Culturally-competent Health Provider Communication: Insights from Research with Chinese, Native Hawaiian, and Pacific Island Diabetes Patients

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Advisor, Pacific Partnership for Tobacco-free Islands





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Welcome and Introductions



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Culturally-competent Health Provider Communication:

Insights from Research with Chinese, Native Hawaiian, and Pacific Island Diabetes Patients



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Asian American Diabetes Initiative
Joslin Diabetes Center



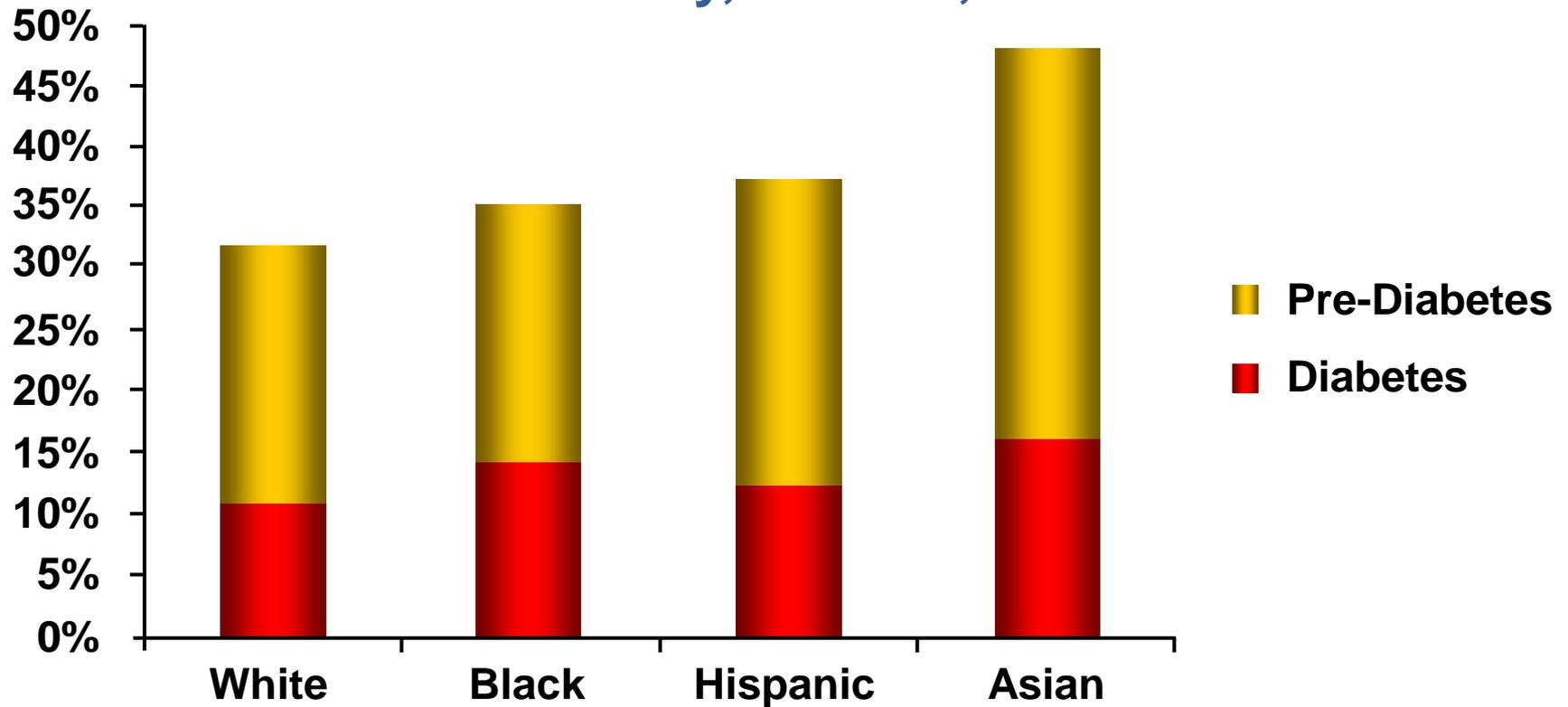
**HARVARD
MEDICAL SCHOOL**

William C. Hsu, M.D.

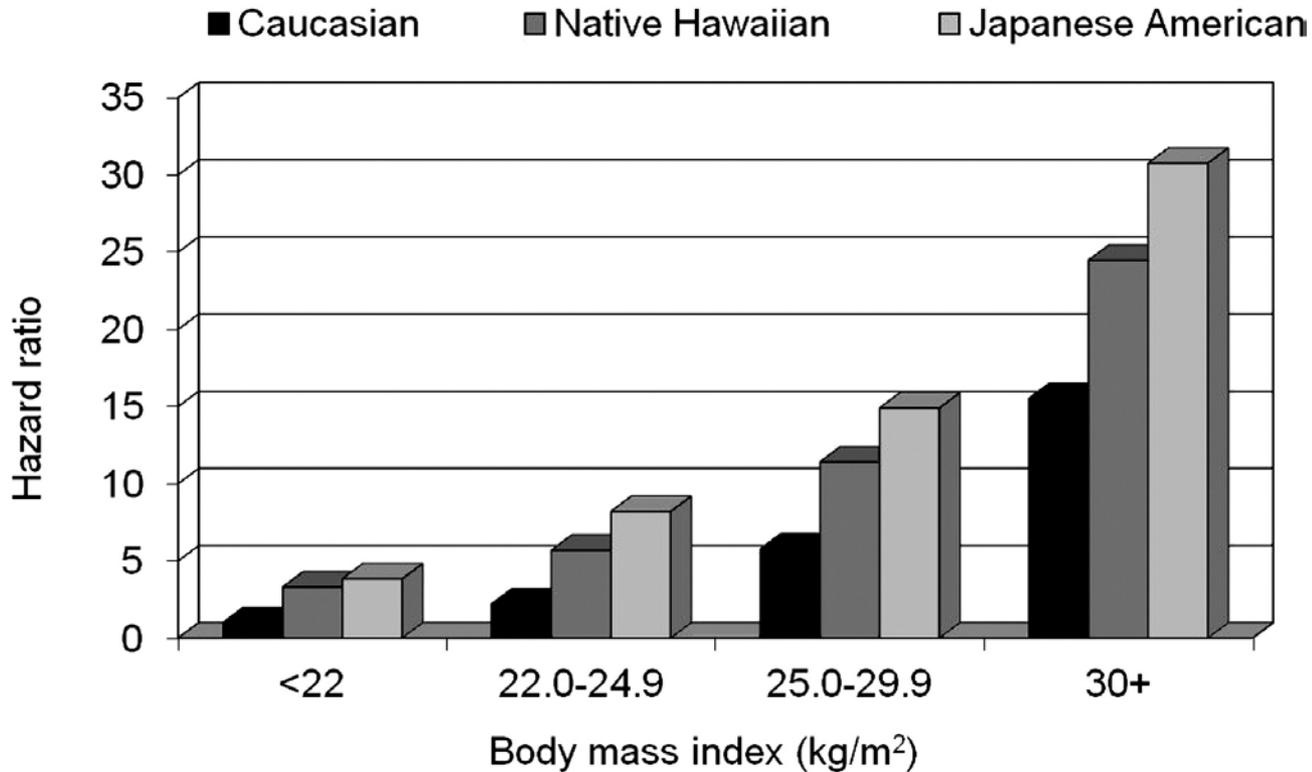
CARING FOR CHINESE PATIENTS WITH DIABETES - FROM PATHOPHYSIOLOGY TO CULTURE



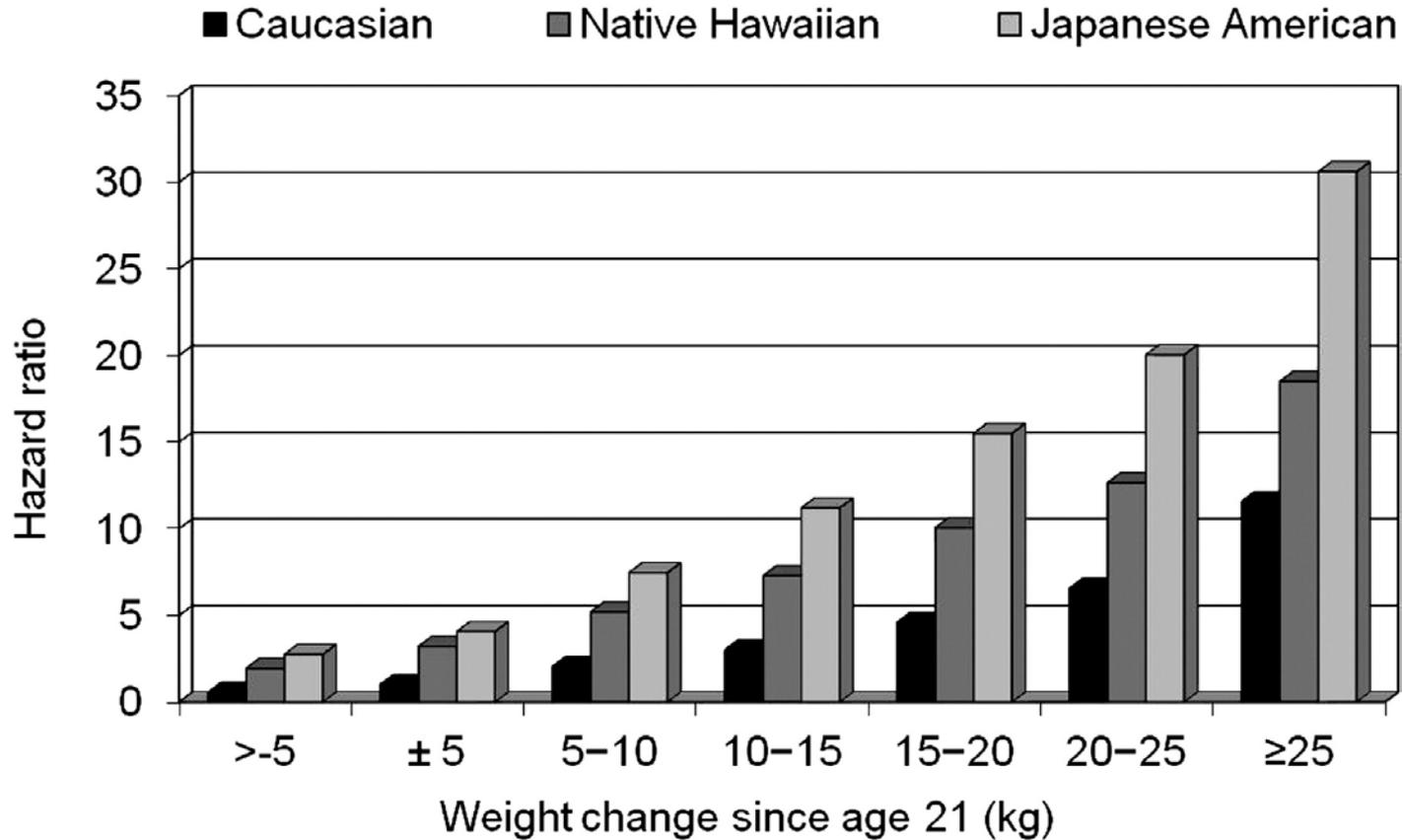
Diabetes and Pre-Diabetes Prevalence in NYC, by Race/Ethnicity, HANES, 2004



Diabetes Risk by BMI Category in the Hawaii Component of the Multi-Ethnic Cohort Study



Diabetes Risk by Weight Change Category in the Hawaii Component of the Multi-ethnic Cohort Study





Poll

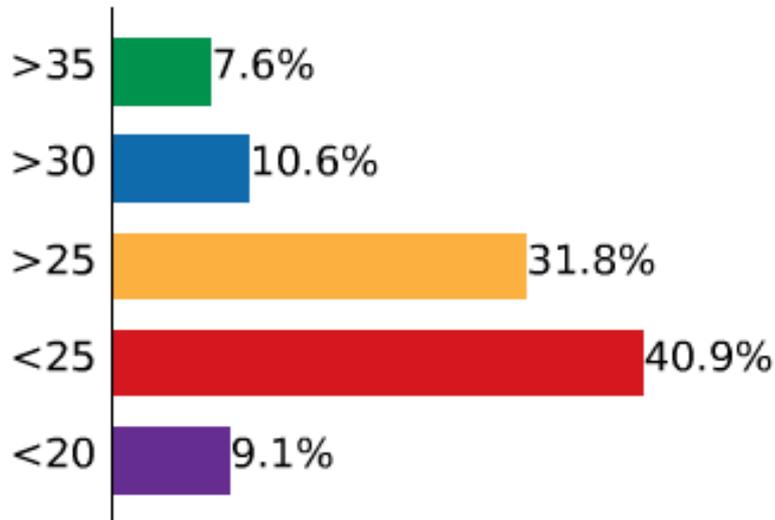
What's the average BMI for Asian Americans with diabetes ?

1. >35
2. >30
3. >25
4. <25
5. <20



Poll results

What's the average BMI for Asian Americans with diabetes ?





Odds Ratio of Type 2 DM by Race and Ethnicity in the U.S. (BRFSS)

	White	Asian	Pacific Is	Hispanic	Black
BMI	26.8 ± 0.2	24 ± 0.2	27.8 ± 0.5	27.9 ± 0.1	28.7 ± 0.1
	1.0	1.0 (0.7–1.4)	3.1 (1.4–6.8)	2.0 (1.8–2.3)	2.3 (2.1–2.6)
	1.0	1.6 (1.1–2.2)	3.0 (1.4–6.7)	1.9 (1.6–2.1)	1.9 (1.7–2.2)
	1.0	1.6 (1.1–2.2)	3.0 (1.4–6.7)	1.9 (1.6–2.1)	1.9 (1.7–2.1)

Model 1, adjusted for age and sex

Model 2, adjusted for age, sex, and BMI

Model 3, adjusted for age, sex, BMI, and health insurance status



Abdominal Circumference

Caucasian

- \leq 102 cm in men
- \leq 85 cm in women

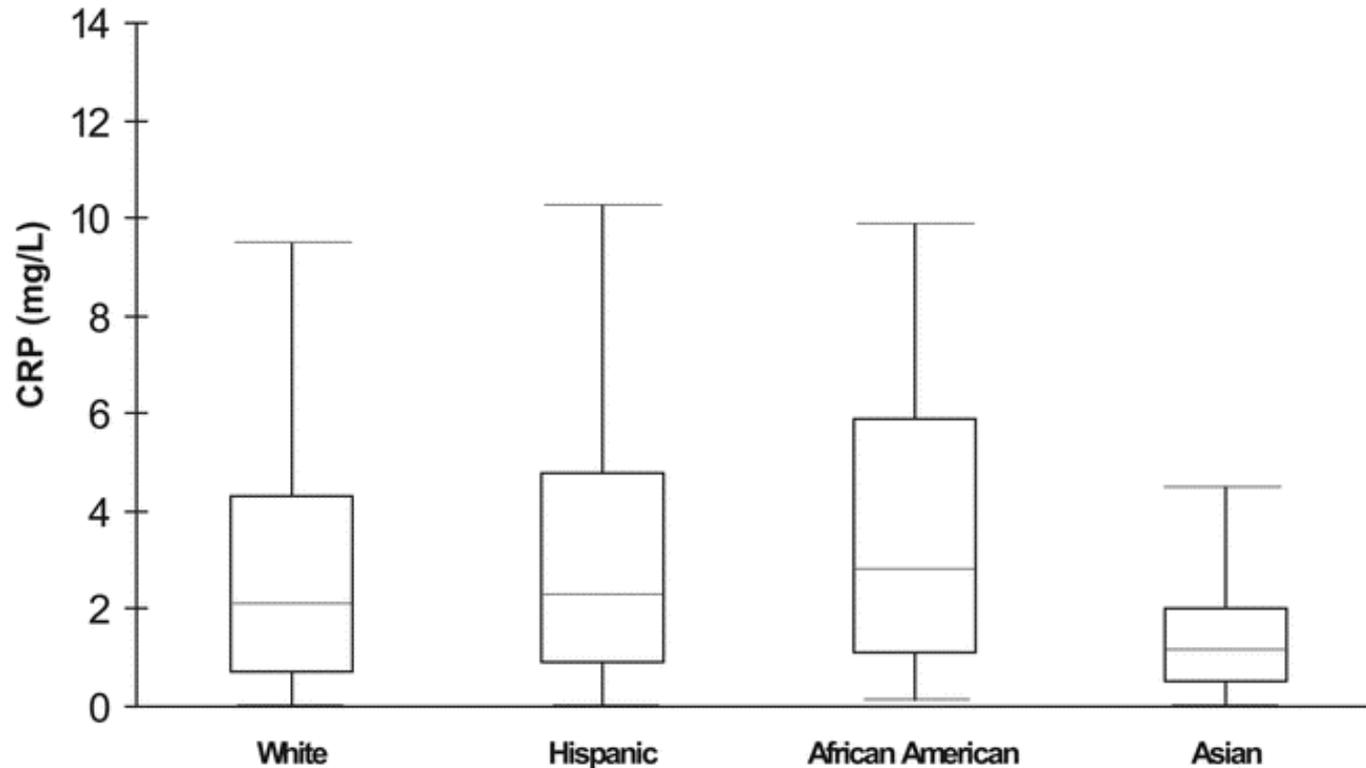
Asian

- \leq 90 cm in men (35.5 inches)
- \leq 80 cm in women (31.5 inches)



Median Levels of CRP among Participants in the Women's Health Study

Inflammation and Diabetes



Islet Cell Auto-antibodies in Asians with Type 1 DM in Singapore

Table 2 Frequency of antibody positivity with respect to ethnicity

	Chinese		Indian		Malay	
	type 1	type 2	type 1	type 2	type 1	type 2
GADab n (%)	29 (39.2)	14 (6.5)	4 (33.3)	1 (2.3)	1 (14.3)	5 (12.5)
IA-2ab n (%)	20 (27.0)	8 (3.7)	2 (16.7)	1 (2.3)	0 (0.0)	2 (5.0)
'Seropositive' n (%) [†]	33 (44.6)	21 (9.7)	5 (41.7)	2 (4.5)	1 (14.3)	7 (17.5)

[†]designated 'seropositive' if positive for either antibody classification.



Poll

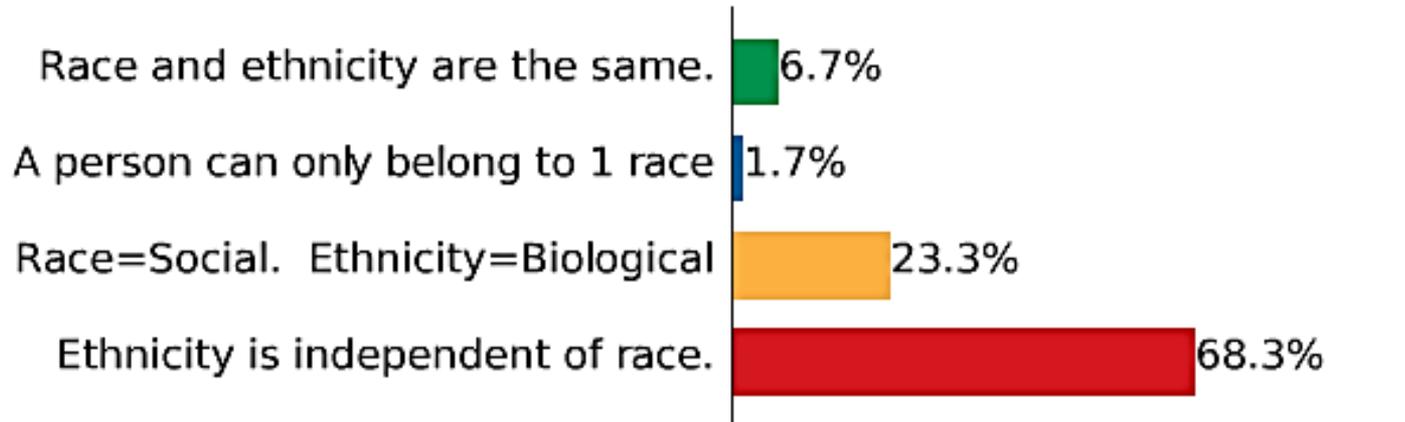
Which of the following statements is true?

- Race and ethnicity are the same and the terms may be used interchangeably.
- One person can only belong to one race.
- A person's race is primarily social while ethnicity is usually biological.
- Ethnicity is independent of race.



Poll results

Which of the following statements is true?



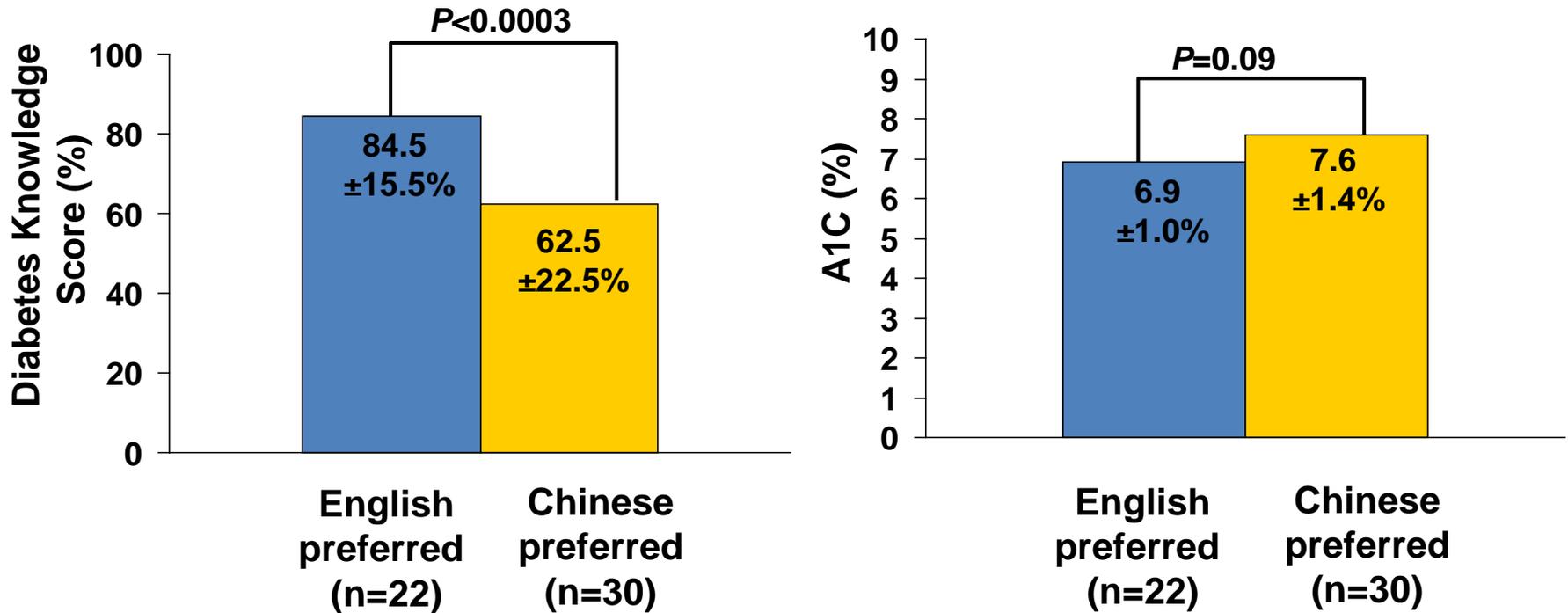


Ethnicity vs. Race

- Ethnicity refers to self-identifying groups based on beliefs concerning shared culture and history
- Rooted more in the idea of social grouping, marked by shared religion, geography, language, or culture
- Culture shapes lifestyle choices which in turn impacts disease risks
- Leverage culture in helping your patients



Impact of Language Barriers in Chinese Americans* with Diabetes



*Patients had comparable diabetes care and self-management behaviors.



Culture Is More Than Just Ethnicity

“The body of learned beliefs, tradition, principles and guides for behavior that are commonly shared among members of a particular group. Culture serves as a road map for both perceiving and interacting with the world”

- Age
- Gender roles
- Sexuality
- Socioeconomic status
- Work
- Religion
- Immigration status
- Geography
- Language
- Fashion
- Body image, composition
- Education
- Health beliefs
- Political power

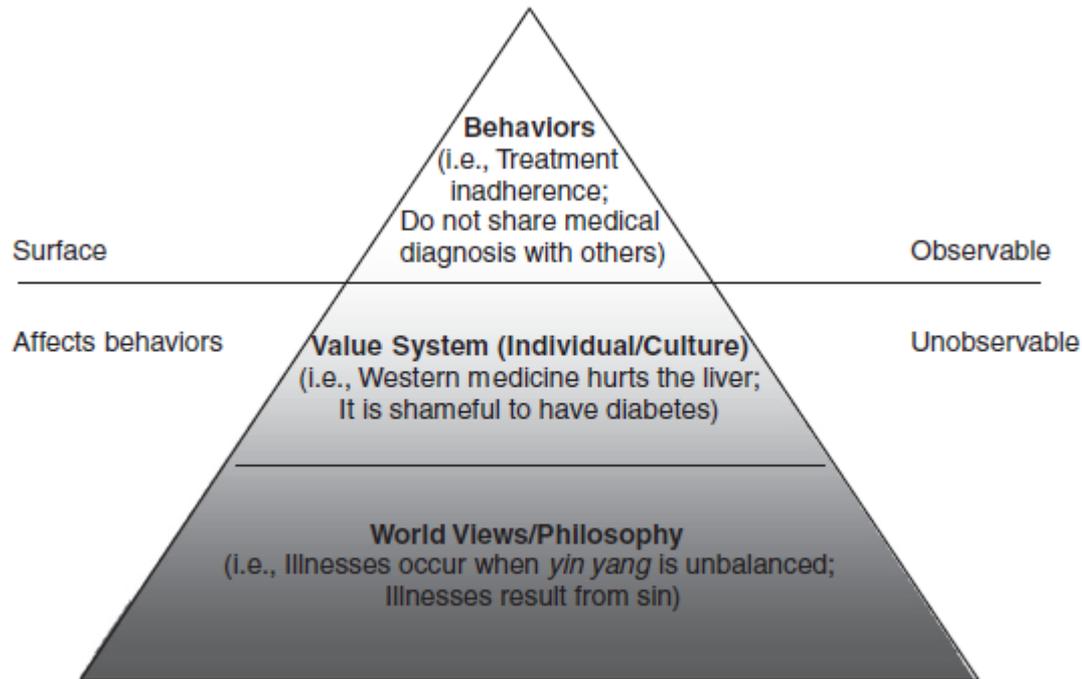


Fig. 1. Understanding behaviors, underlying values, and world views.

Tseng J, Halperin L, Ritholz MD, Hsu WC. [Perceptions and management of psychosocial factors affecting type 2 diabetes mellitus in Chinese Americans.](#) J Diabetes Complications. 2013 Mar 29. [Epub ahead of print]



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A Patient Story...





Implications in Clinical Intervention and Diabetes Education

- There is no such thing as “Non-Compliance”
 - Patients act according to values and beliefs
- Explain disease and present treatment options according to patients explanatory model
- Understand patients’ concerns about a specific medication in cultural context



Table 2
Culturally appropriate treatments.

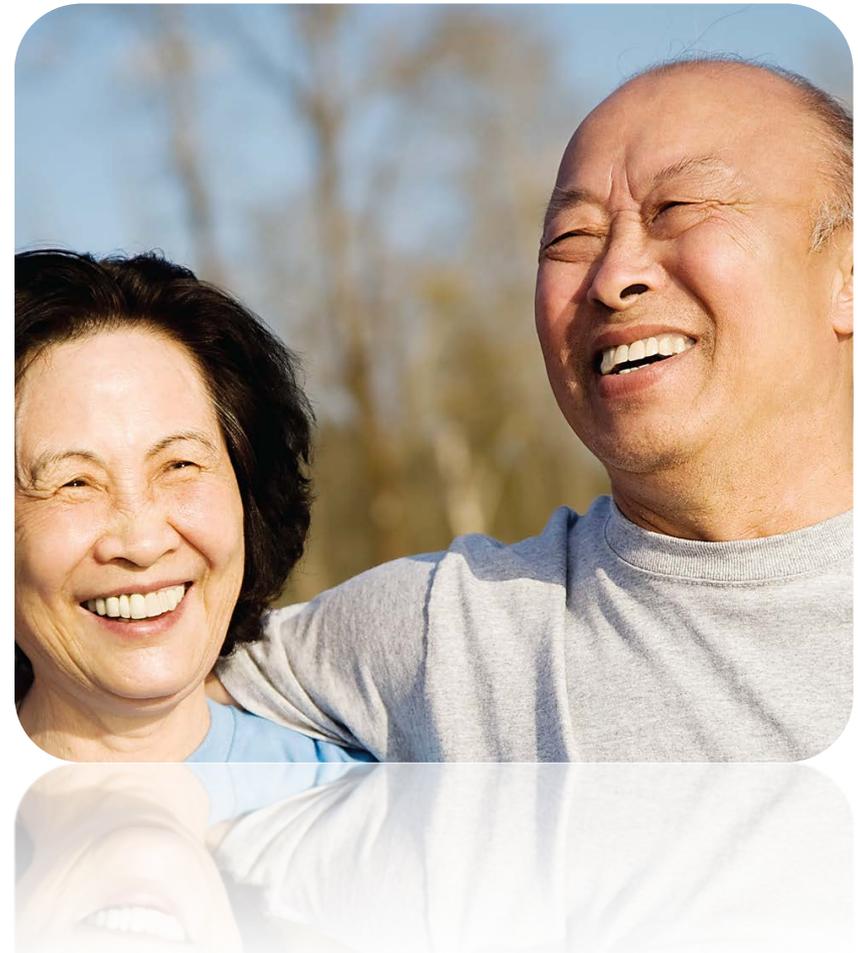
Tseng J et al. J Diabetes Complications. Epub 2013 Mar 29.

Patient behaviors	Insight	Provider might consider...
Patient does not ask questions in appointments.	Patient may feel it is disrespectful to question or express disagreement to his/her healthcare provider.	Always invite patient to ask questions.
Patient expresses hesitancy when asked to adhere to a specific treatment, such as Western medicine.	Patient may believe that it is only necessary to take Western medicines when symptomatic.	Inquire about patient's views of Western medicine.
Patient uses a family member as an interpreter in medical appointments, which may be a source of tension or discomfort for the patient.	Family member may feel solely responsible for the health of the patient, which may cause feelings of stress and anger.	Gauge the relational dynamic for tension and stress. Suggest the use of a professional interpreter. However, always elicit the patient's permission to invite the family's presence in the appointment.
Patient appears agreeable to treatment plan.	Some of the communication may be lost in translation.	Ask the patient to repeat back what his/her treatment plan is. This will ensure that he/she was able to understand and retain the information that was discussed.
Patient does not explicitly state he/she is taking Traditional Chinese Medicine.	Many patients take Traditional Chinese and Western medicine together.	Assume the patient is taking alternative medicines, and politely ask him/her to share about alternative treatments.
Patient is accompanied by an adult family member.	The accompanying family member may be important in patient's medical decision or care.	Engage family members regarding treatment plan, especially toward the end of the appointment in order to summarize and solidify treatment plan and health goals.
Patient is not adherent to treatment plan.	Patient may be feeling too embarrassed to admit that he/she does not want to adhere to a Western medicine treatment plan.	Maintain a positive and upbeat attitude. Try to understand patient's explanatory model for disease. Avoid further embarrassment.
Patient is hesitant to start insulin therapy	The concern maybe pain, fear of dependence, or mistrust of Western medicine.	Do an insulin injection demonstration to show it is not painful. Explain diabetes in terms of lack of balance in insulin levels and how replacing insulin restores balance.
Patient's glucose records are not consistent with A1c values	Patient may be too embarrassed to show you real glucose data. Cost of the meter strips may be an issue as well	Avoid embarrassing the patient. Explain glucose monitoring is not a test of performance. Invite patient to bring glucose meter, not just glucose record. If cost is an issue, ask patient to do targeted glucose testing if appropriate.
Patient is unsure of portion size	Most Chinese patients use bowl to eat rice.	Instead of using the plate to estimate food portion, use bowls which do come in different sizes.
Patient frequently skips phlebotomy	Blood loss, even small amount, is considered detrimental to health in traditional medicine	Explain what the blood tests are and why you are ordering them
Patient reports sleep and eating difficulties, loss of energy, poor concentration, and somatic complaints (possible symptoms of depression).	Patient will not readily agree to seeking psychological services because of shame and stigma of being diagnosed with a psychological disorder.	Reframe psychological services as part of medical treatment for diabetes and take a very problem-solving approach.



What is Cultural Competency?

- Is it knowledge?
- Is it attitude?
- Is it a skill?
- Compassion armed with knowledge paired with skills adapted to individual needs is the universal language for patient care





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**PACIFIC PARTNERS FOR
TOBACCO-FREE ISLANDS:**  **LEGACY.**
WEAVING TOGETHER OUR RESOURCES AND CULTURES TO ADDRESS TOBACCO USE

Nia Aitaoto, Ph.D., M.S., M.P.H

CULTURAL COMPETENCY: INSIGHTS WHEN SERVING NATIVE HAWAIIANS AND PACIFIC ISLANDER (NHPI) PATIENTS



Educational Objectives

- At the conclusion of this educational activity, participants should be able to:
 - Identify at least four cultural factors that influence health care behaviors and health seeking practices of NHPI.
 - List at least three culturally competent practices



Presentation Outline

- Race, Ethnicity and Nationality
- Burden of Diabetes
- Disease Etiology and Help Seeking Behaviors
- Cultural and Social Context
- Communication



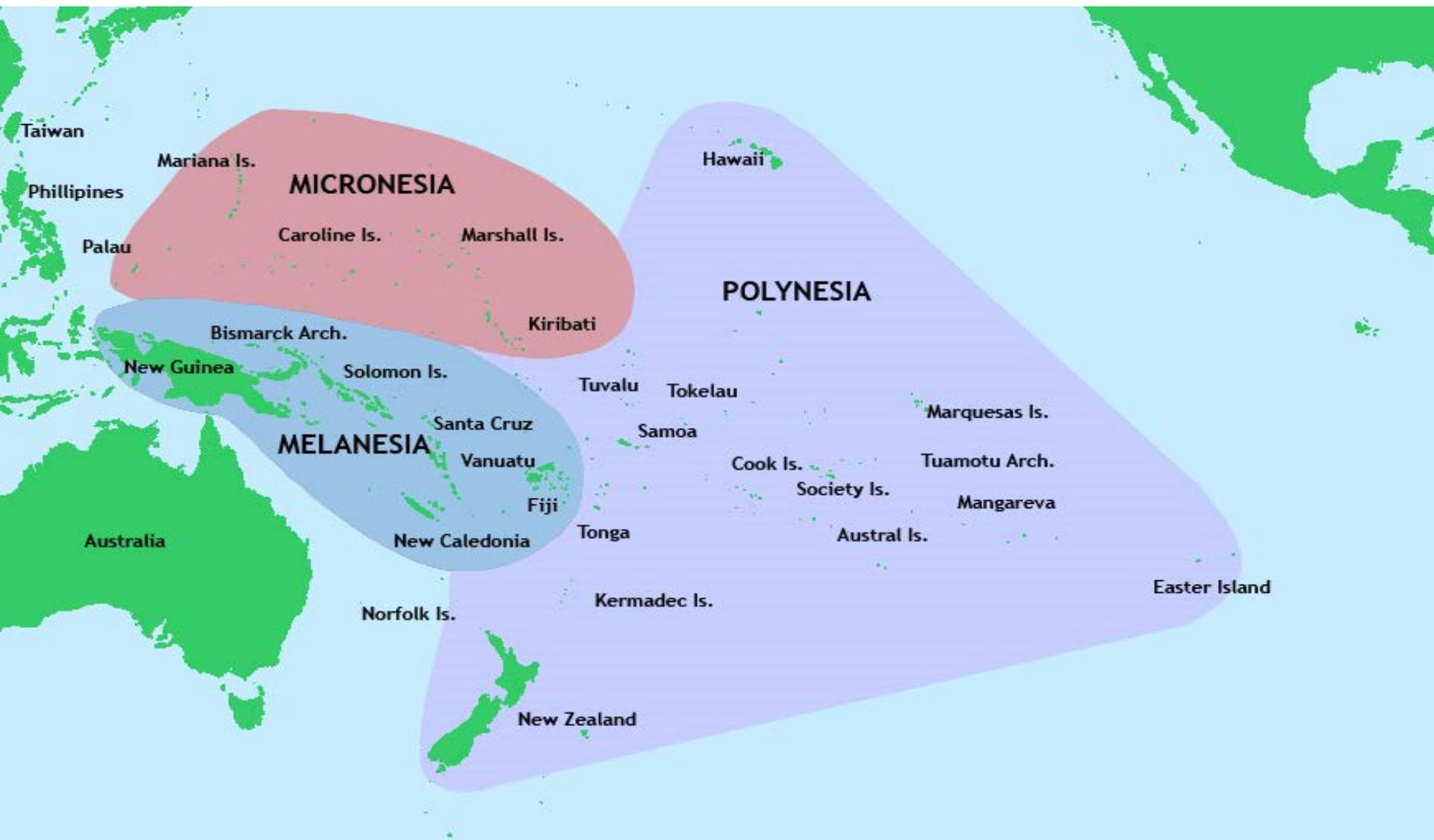
Race and Ethnicity

- **Polynesians**
 - Hawaiians, Samoans, Tongans, Maori, Tahitians, Cook Islanders, etc.
- **Micronesians**
 - Chamorros, Carolinians, Chuukese, Pohnpeians, Yapese, Marshallese, Palauans, Kosraeans, etc.
- **Melanesians**
 - Papuans, Solomon Islanders, Fijians, Vanuatu Islanders, etc.



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Homelands and U.S. Affiliations

- **State:** Hawaii
- **Territories:** Guam and American Samoa
- **Commonwealth:** Commonwealth of the Northern Marianas Islands
- **Freely Associated States:** Republic of Belau, Republic of the Marshall Islands and the Federated States of Micronesia





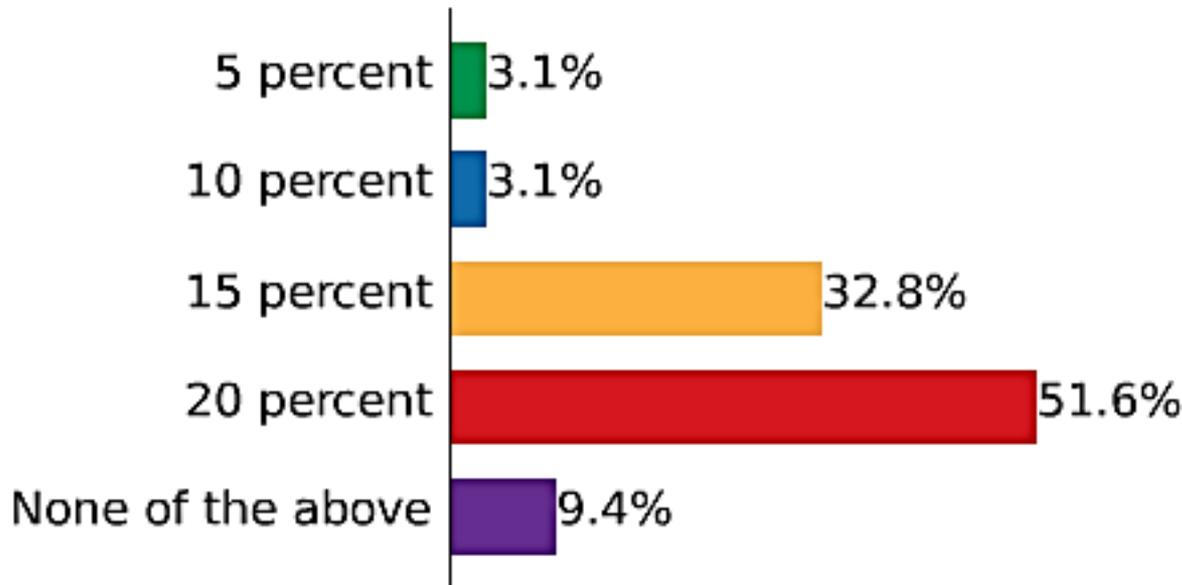
Poll

- **What is the prevalence of diabetes among NHPI in the U.S.? Around...**
 - 5 percent
 - 10 percent
 - 15 percent
 - 20 percent
 - None of the above



Poll results

What is the prevalence of diabetes among NHPI in the U.S.? Around....





Burden of Diabetes

- NHPI living in the US:
 - Prevalence rate: 20.6%
- NHPI living in the US:
 - Six times more likely to die from diabetes complications than Whites



Source: Office of Minority Health website
<http://raceandhealth.hhs.gov/templates/content.aspx?ID=3057>



Burden of Diabetes

Jurisdiction	Year	Prevalence
Guam	2002-2003	11%
FSM	2002	24%
RMI	2002	30%
Palau	2006	39%
American Samoa	2004	47%
United States	2007	8%

Source: Hosey G, Aitaoto N, Satterfield D, Kelly J, Apaisam CJ, Belyeu-Camacho T, deBrum I, Luces PS, Rengiil A, Turituri P. The culture, community, and science of type 2 diabetes prevention in the US Associated Pacific Islands. *Prev Chronic Dis.* 2009 Jul;6(3):A104. Epub 2009 Jun 15.



Forbes World Weight Rank

Pacific Country	% overweight (aged 15 and over)
1. Nauru	94.5%
2. Federated States of Micronesia	91.1%
3. Cook Islands	90.9%
4. Tonga	90.8%
5. Niue	81.7%
6. Samoa	80.4%
7. Palau	78.4%
10. Kiribati	73.6%
Note: Kuwait #8 and US #9	

Lauren Streib (February 8, 2007). Forbes "World's Fattest Countries"



Cultural Literacy

- The ability to recognize and use collective beliefs, customs, world-view and social identity in order to interpret and act on health information.
- This domain includes a recognition and skill on the communicator's part to frame health information to accommodate powerful cultural understandings of health information, science and individual and collective action



Help Seeking Behaviors

Healing Types	Healer/ Advisor	Treatments/Remedies	Focus
Western	Doctors	Pills, insulin and dialysis	Primary: Body
Traditional	Traditional Healers	Plant-based (based on traditional knowledge)	Primary: Spirit Secondary: Mind and Body
Local	Traditional Healers, Local Healers	Plant-based (both traditional and other cultures)	Primary: Body Secondary: Mind and Spirit
New	Family, Friends	Plant-based (from other cultures) and non-plant based	Primary Body Secondary: Mind and Spirit



Pathways to compliance/non-compliance scenarios

Disease Etiology Beliefs and Context

Lifestyle + No Support

God's will + No Support

God's will + Genetics

God's will + Lifestyle

Spirits + No Resources

Reaction (emotional and attitude)

Shame, Denial & No Hope

Passiveness, Denial & Sadness

Passiveness, Denial & Sadness

Repentance → Hope

Fear

Compliance

No

No

No

Yes

No



Key Pacific Cultural Concepts

- Family Structure
 - Extended Family
 - Matrilineal
- Respect for elders
- Collectivistic Culture & Decision Making
- Cultivating Relationships
- Healing Model: Spirit – Mind - Body





Communication Tips

- Say important thing first and last
- Repetition is OK
- Do not yell
- Write things down
- Learner Verification
 - Ask patients to repeat what you said
 - Ask questions to make sure they understand
- Do not use jargon, slang or idioms
- Speak clearly and emphasize the last couple of letters
- Mind the Gaps (between Q & A):
Wait for the answer





Nonverbal Communication

Cautious

- Touching
- Eye Contact

Pay attention

- Facial Expression
- Body Language
- Tone



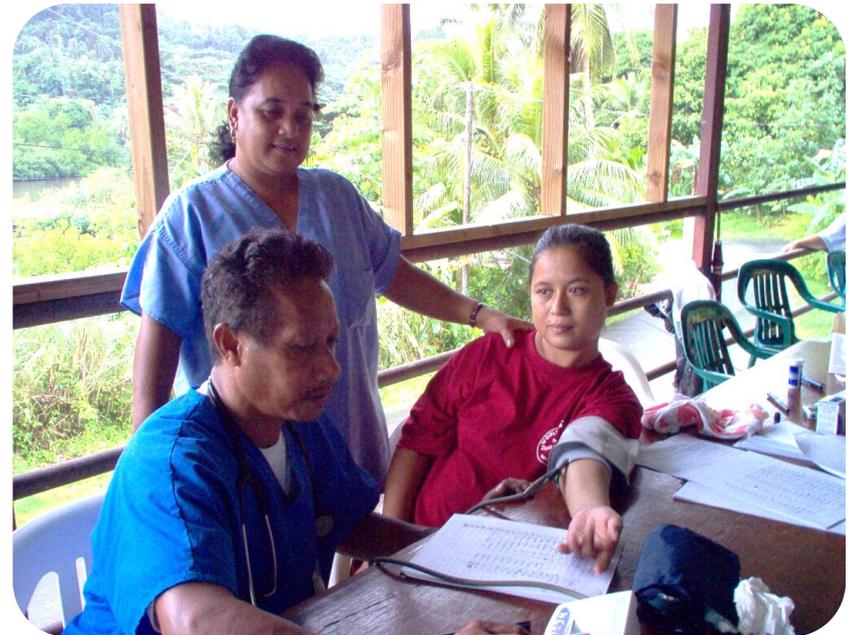


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Use of Interpreters

- Age (older is better)
- Gender (same is better)
- Confidentiality and Privacy





Technology & Science Literacy

- Levels of competence with science and technology, including some awareness of the process of science.
 - knowledge of fundamental scientific concepts,
 - ability to comprehend technical complexity,
 - an understanding of technology and
 - an understanding of scientific uncertainty and that rapid change in the accepted science is possible.



Tips!

- Take time to provide health education and define health/scientific terms
- Recognize or apologize for using “sensitive” words
- Remove uncertainties by explaining procedures – step by step
- Tell patients what to expect





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Mahalo Piha (Thank You)





Culturally-competent Health Provider Communication -- Summary

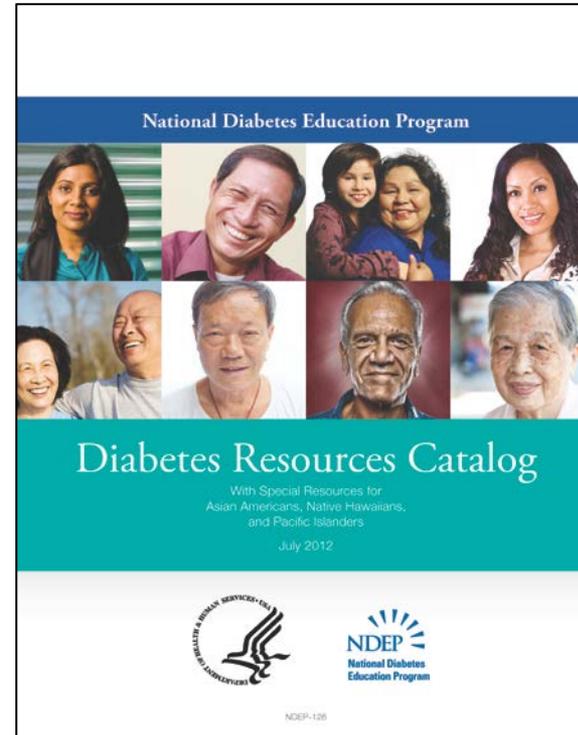
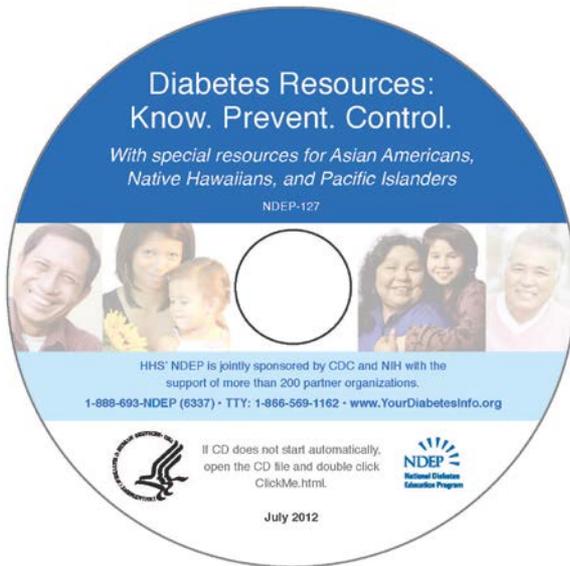
- Awareness of epidemiology and disease in this population
- Knowledge of core cultural issues, social context, and self
- Communication skills
- Ability to perceive situational cues and adapt



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NDEP's AANHPI Resources





Handout of Other Resources

- Cultural competence
- Diabetes in AANHPI populations
- Diabetes education resources



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QUESTIONS



Presenters' Information

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Additional comments or questions?

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Thank you!



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www.YourDiabetesInfo.org

1-888-693-NDEP (1-888-693-6337)

TTY: 1-866-569-1162

