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Juggling Diabetes Self-Management in a Culture of Poverty

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Learning Objectives

- Identify differences in the mental models of poverty and middle class that may cause misunderstanding between persons with diabetes and educators
- Recognize the motivators and barriers for diabetes self-care management/support for those from a generational culture of poverty
- List 2 strategies for working with clients living in poverty that display cultural humility and sensitivity

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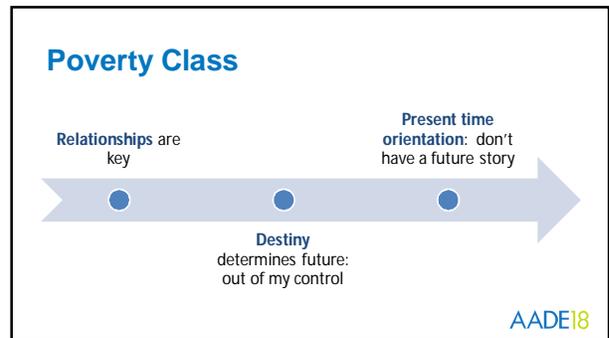
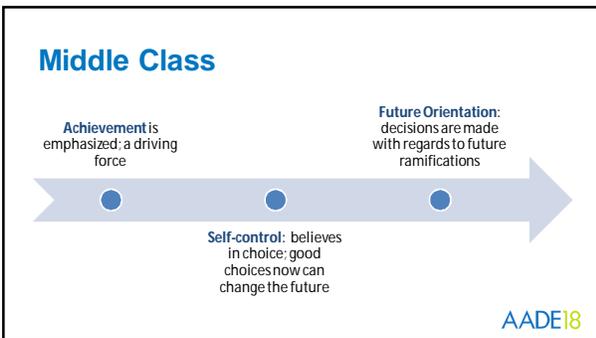
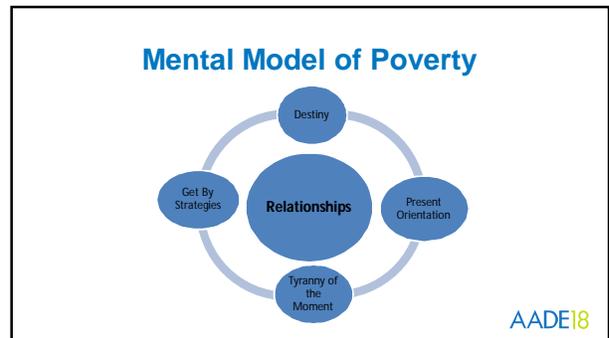
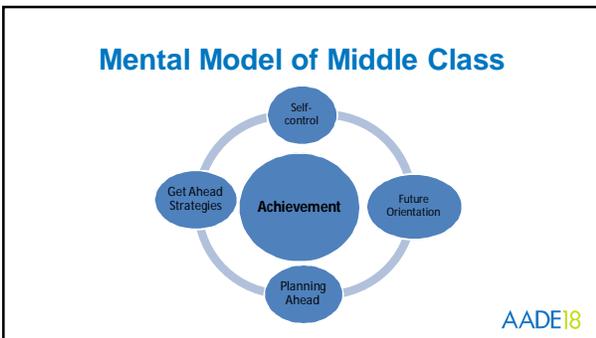
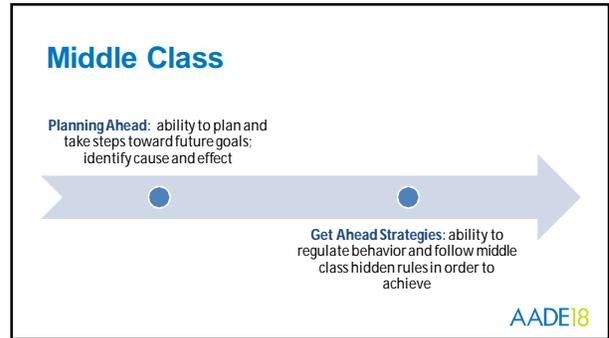
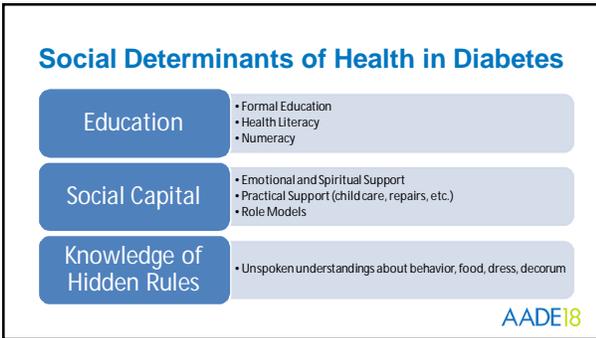
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Social Determinants of Health in Diabetes

- Access to Care**
 - Insurance coverage and/or co-pays
 - Clinic/Lab/Pharmacy/Diabetes Education, etc. hours and location
- Economic Stability**
 - Employment level
 - Family Income
- Built Environment**
 - Opportunities for safe physical activity
 - Access to affordable nutritious food
 - Transportation

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Poverty Class

Tyranny of the Moment: dealing with the problem of the day; crisis mode

Get-by Strategies: necessitates short term fixes instead of trying to get ahead; it's not a problem until it's a problem

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Hidden Rules

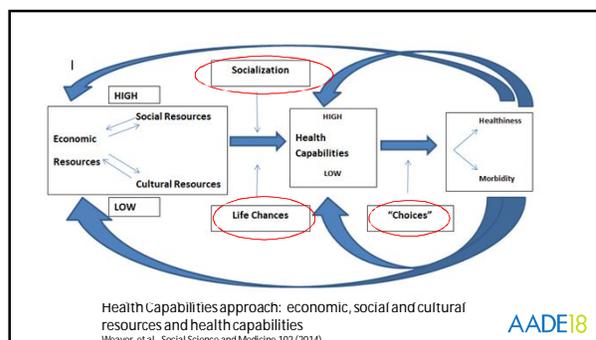
	Poverty	Middle Class	Wealthy
Education	Values as abstract but not reality	Crucial for achievement	Necessary for connections it provides
Destiny	Believes in fate; little control	Believes in personal choice	Obligation to be generous to those less fortunate
Money	To be used, spent	To be managed	To be conserved, invested
Power	Linked to personal respect	Power/respect separated Responds to	Linked to expertise, connections, stability

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Situational Poverty vs Generational Poverty

- Situational Poverty:** due to circumstances such as illness, disability, job loss, divorce
 - Familiar with Middle Class values, language and hidden rules
- Generational Poverty:** at least 2-3 generations have lived in poverty
 - Acculturation to values, language and hidden rules of poverty class
 - Health disparities and effects of stress on developing brain make it difficult to break the cycle

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Hidden Rules

	Poverty	Middle Class	Wealthy
Driving Forces	Survival, relationships, entertainment	Work, achievement, security	Financial, political and social connections
Food	Quantity: Did you have enough?	Quality: Did you like it?	Presentation: Did it look nice?
Clothing	Individual style and personality	Quality and acceptance into middle class norm	Artistic sense and style; designer labels
Time	Present most important	Future most important	Traditions and history most important

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What would you do?

You just unexpectedly received \$1000 😊

If you're middle class with future orientation, valuing achievement and security:

If you're from generational culture of poverty with present orientation, valuing relationships and entertainment:

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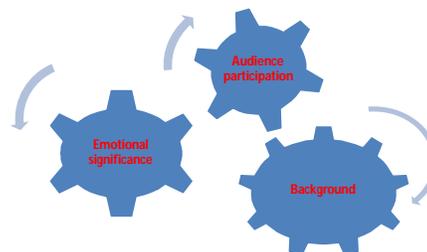
What would you think?

You are the diabetes educator for the person who just received the \$1000 windfall

- Her A1C is 9.2% because she often misses medication d/t cost, and states healthy food is just too expensive and hard to get
- Shouldn't she spend the money on her medicine and food instead of a new big screen TV (which by the way is nicer than the one I have!)?

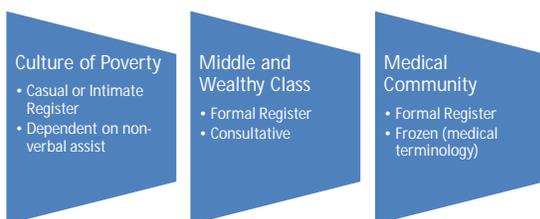
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Casual Story Telling



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Language



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Case Study

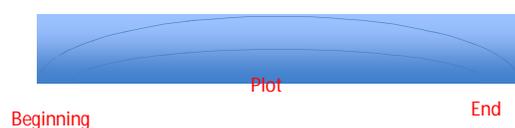
Patient with hx of type 2 DM and new foot ulcer presents to the clinic.

HCP questions:

When did this start? What happened? What have you been doing to treat it?

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Formal Register Story Telling



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One Patient's Story

I was walking outside barefoot 3 days ago and stepped on a rock. I cleaned it right away and have been putting antibiotic cream on it but it's gotten worse– it's seeping and red now. I'm pretty worried about what could happen so that's why I called the office right away.

(51 words)

Middle or Poverty Class?

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Another Patient's Story

Well, my sister, the one that's been living with me since she lost her job last year, was supposed to be watching the kids. But when I came home after spending all afternoon trying to straighten out my electric bill so they don't shut it off, I saw Gina, my 3 year old, running across the yard towards the road. I didn't have time to put on any shoes so I took off running after her. I asked the older kids to sweep the porch when they got home from school but they never listen to me. Anyway, I stepped on a rock on the porch and it hurt like h _____. I've been using that d ____ stuff that my granny swears cures everything for over a month but I don't think it's helping. My boss won't let me leave work for nothing- he's a hard-_____ that don't care about nobody but himself- so I couldn't get here to the urgent care until now.

(163 words)

Middle or Poverty Class?

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Barriers to Self-care management

- Social Determinants of health
- Misunderstanding between middle-class health care team and person from poverty class
 - Lack of knowledge of hidden rules leads to judging and mistrust between classes
 - Do not confuse lack of formal education with lack of intelligence

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Talk to Your Neighbor

- How do you feel when you get a long story instead of a simple answer?
 - Do you tend to interrupt or cut it short?
- What elements of the mental model of poverty do you detect in the 2nd story?

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Motivators to Self-care Management

- Relationships
 - Establish trusting relationship with HCP
 - Feeling respected and valued
 - Taking care of loved ones
- Help in the short run
 - Clinic hours
 - Adaptions in order to keep working/ taking care of family
- Bridging capital
 - Help with get-ahead strategies

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Key Points

- Relationships are key
- Circular or informal story telling
- Casual language register
- Tyranny of the moment
 - Use of urgent care vs office visit
- Present orientation
- Get-by strategies

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Strategies for Improved Partnership with Pt from Generational Poverty

- Understand the culture and hidden rules to avoid stereotyping or judging by middle class values (personal respect)
- Explain hidden rules of middle-class health care system
- Listen and show genuine interest in the person; spend time building relationship before "getting down to business"
- Appreciation for and appropriate use of humor

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Strategies

- Offer drop-in times instead of set appointment times (Tyranny of the moment, difficulty planning ahead)
- Group sessions, including family (relationships valued)
- Assist in identifying support team and/or mentors
- Teaching materials tailored for literacy, health literacy and cultural considerations
- Offer video clips, telenovelas for health education (Entertainment valued)
- Use story-telling, metaphors

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Strategies

- Focus on short-term benefits vs long-term benefits of AADE7 Self-care Behaviors
- Planning backwards in goal-setting
- Awareness of local resources to help with social determinants of health

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