

SUCCESSFUL DIABETES MANAGEMENT SHOULD ADDRESS CULTURAL DIFFERENCES

FIVE TIPS FOR IMPROVING SELF-CARE

Diabetes, an epidemic in the United States, places an even larger burden on ethnic minorities. Type 2 diabetes is two to six times more common among minorities, including Mexican Americans, African Americans and Native Americans.

The key to helping any patient self-manage diabetes – from eating healthy to being active to reducing risks – is to tailor the approach to

his or her individual needs and lifestyle, notes the [American Association of Diabetes Educators](#) (AADE). "Individualizing care increases the likelihood that any patient will have success in his or her self-care plan. Addressing cultural influences is an important factor in that individualization," said Joan Bardsley, MBA, RN, CDE, FAADE, president of the AADE. "Familiarity with the patient's cultural background is a good place to start."

The goal of diabetes self management education is to help patients learn how to incorporate healthy behaviors into their lives in order to prevent the complications of diabetes and improve their quality of life. AADE recommends adopting the following strategies to ensure your recommendations are on target:

1. Encourage activity rather than exercise –

While not exactly a dirty word, exercise is not highly valued in some cultures, and can be seen as irrelevant. Instead of pushing your patients to exercise, focus on the various enjoyable ways to be active. Music, which is central to many cultures, can help get your patients with diabetes moving. For example, an African-American teenager who has diabetes and is overweight might not want to go to a Pilates class, lift weights or ride her bike, but she may enjoy dancing with her friends. Suggest doing activities with family or a group.

2. Emphasize health, not weight loss –

In some cultures, weight loss can have negative implications. Mexican Americans, for example, consider a full figure representative of good health and weight loss a sign of disease. Instead of telling your patients to lose weight, ask them to list their goals. Explain how being healthy will lower their blood glucose levels, which in turn will help them achieve those goals, whether it's keeping up with the grandchildren or avoiding the complications of diabetes they've seen in relatives.

3. Include familiar foods –

Patients with diabetes are much more likely to follow a healthy diet if it includes familiar foods. For example, soup is a

common main meal in Russia, so one study of Russian immigrants with diabetes adapted the plate-planner method (dividing the plate into fourths – one part for meat, one for potato and two for vegetables) by swapping the plate for a bowl of soup containing similar portions of those food items. Other tweaks include adapting favorite foods to make them healthier, such as baking instead of frying chicken or using dried beans, which are lower in sodium than canned beans.

4. Recruit the family –

Many cultures are family focused, and the support of family members can help patients with diabetes manage the condition. Caution family members to be supportive, not judgmental or scolding, such as by providing positive feedback ("you look great, mom!"), agreeing not to buy sodas and unhealthy foods and suggesting activities they can do together, such as after-dinner walks.

5. Partner up –

Work with people from local community and church groups who can be very helpful in providing tips and understanding the culture. Health workers such as [diabetes educators](#) who work in the community can help patients design a healthy living plan tailored to them that is respectful of their way of life.

Your patients with diabetes will appreciate your recognition of their culture and will be much more likely to follow a good self-care plan if it includes strategies that reflect those influences. If you want to move in this direction but aren't sure how to start, a diabetes educator can help. [Find one near you here.](#)