



A CULTURAL LENS: Psychosocial Care for Diverse People with Diabetes

A cultural lens is needed to appropriately support the emotional and physical well-being of diverse populations with diabetes. Understanding the cultural and historical experiences of an individual is a key strategy to promote better diabetes-related health outcomes and improve person-provider relationships.¹

Mental Health Disparities

Ethnic/racial groups who have diagnosed mental health disorders of any type face disparities in accessing medical care, limited English proficiency, limited health literacy, geographic barriers and lack of medical insurance.²

Lack of cultural understanding by healthcare providers may contribute to underdiagnosis and/or misdiagnosis of mental illness in ethnically diverse populations.³

Comprehensive culturally oriented programs that address depression and emotional distress can reduce disparities in diabetes-related outcomes among diverse people with diabetes.¹

Emotions and Diabetes

The emotional strain associated with managing a chronic illness is a common struggle for people with diabetes.⁴

Diabetes-related distress – is the fear of complications, worries about hypoglycemia and the variety of stresses, strains and concerns that people with diabetes have on a day-to-day basis.⁵

People with diabetes are at an elevated risk for diabetes distress during targeted time points in their diabetes trajectory:⁵ These times include:

- At diagnosis and when learning to self-manage
- Onset of diabetes complications
- Adding or switching medications

- Changing healthcare plans
- Changing or finding a new healthcare provider

Diabetes Distress Screening

Timely detection and management of diabetes distress is associated with better self-care, quality of life and diabetes-related health outcomes.⁵ For ethnic/racial groups, it is important that assessment instruments are appropriately designed to assess their needs.

Diabetes Distress should be assessed with person-centered, validated measures.⁶ Listed below are three recommended instruments for adults with type 1 and type 2 diabetes.⁶ All of these instruments have evidence showing their applications with various ethnic/racial groups. Access these tools at DiabetesEducator.org/CulturalCompetence.

1. Problem Areas in Diabetes (PAID): A 20-item assessment measuring emotional distress and burdens associated with diabetes.⁶
2. Diabetes Distress Scale (DDS): A 17-item questionnaire measuring diabetes-specific distress in four domains: emotional burden, diabetes interpersonal distress, physician-related distress and regimen-related distress.⁶
3. Diabetes Distress Brief Scale: A two-item scale consisting of the following questions:⁶
 - “Do you feel overwhelmed by the demands of living with diabetes?”
 - “Do you feel that you are often failing in your diabetes regimen?”



Empathy: Genuine Care for Diverse People with Diabetes

Empathy encompasses interest in an individual's health beliefs, habits and explanatory models of health and disease, and being able to interact with them in a genuine and respectful manner. Expressing empathy is key to building trust with diverse groups who are experiencing emotional distress.

A **three-step person-provider communication technique** can be used to understand diverse feelings of people with diabetes.⁷ This process can be applied in a culturally sensitive manner.

1. **Anticipate their feelings.** This individualized skill requires listening intently to the meaning of their words and showing interest. Be attentive to possible concerns that reflect their cultural experiences. Simple questions to start a conversation about a person's feelings may be:
 - "Have you lost interest in your day-to-day activities lately?"
 - "Do you often feel sad?"
 - "My intuition tells me you feel defeated. Does this seem true?"
2. **Acknowledge their feelings.** People feel distress in different ways — discouragement, feeling overwhelmed, guilt, hopelessness or self-pity. Empathetically acknowledging an individual's true feelings allows them to put into focus their emotions, which can promote progress in making needed changes.
3. **Normalize their feelings.** It is typical for people with diabetes to feel alone in their disease. Encourage them that emotional distress is a part of living with a chronic illness and feeling overwhelmed is common. Normalizing their feelings can help reduce their stress and remove roadblocks that prevent improvement.

Engaging Diverse Groups: A Collaborative Approach

Respecting the diverse behavior, cultural preferences and values of people with diabetes is the first step in engaging individuals in a truly collaborative spirit, which then leads to more meaningful healthcare decision-making.

The goal of a culture-centric person-provider communication is to empower without blaming them for "non-compliance" when the outcomes of self-management are not ideal. A

non-judgmental attitude is paramount to creating a positive communication climate, even when individuals struggle with following their self-management regimen.

Person-centered approaches to engage diverse groups experiencing diabetes distress can occur on two fronts:

1. A shared decision-making process, where people with diabetes can take charge of their health. Motivational interviewing is another engagement strategy where healthcare professionals can demonstrate empathy, manage barriers to treatment recommendations, discuss differences in opinion and ultimately support self-care behaviors.
2. Diabetes self-management education and support (DSMES) programs that are tailored to the unique needs of diverse persons with diabetes. Two considerations to provide culturally appropriate interventions include:
 - Implementing DSMES programs with facilitators who share an individual's cultural and linguistic background.
 - Offering a group/class format that provides peer support from members of their community.

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