

# Factors that Influence Diabetes Self-management Practices and Medical Adherence among Immigrant Women

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## Background

Diabetes is considered to be an epidemic in the United States. As the immigrant population increases in the United States, the number of people living with diabetes has also increased. Additionally, minority women have been identified as an at risk population. In 2010, the Centers for Disease Control and Prevention (CDC) reported that the age-adjusted prevalence of diagnosed diabetes among US adults ranged from 7.5 percent to 8.9 percent (CDC, 2011). Thus, the disproportionately high prevalence of diabetes among minority, immigrant women living in the United States has made it necessary to explore this phenomenon further through an academic research study. With the overarching goal of increasing the efficiency of provider patient interactions, as well as, improving patient outcomes in at risk populations, this study will explore the factors that influence the prevalence of diabetes among low-income immigrant women, with a specific focus on the various factors that influence the frequency of self-reported, self-management practices among immigrant and non-immigrant women in the United States

## Objectives

### Research Goals:

Collect, analyze, and disseminate data which has the potential to inform recommendations for public policy, medical practice, and the development of interventions and/or initiatives that are designed to improve patient outcomes and the efficiency of provider-patient interactions

### Intended Aims:

- Explore the factors that influence the rate of adherence to self-management plans and other prescribed treatment plans among low-income diabetic immigrant women
- Investigate both provider and patient perceptions related to the factors that influence rates of adherence among diabetic immigrant women
- Provide suggestions for improved provider communication protocols that will increase efficiency of provider-patient interactions

## Methods

The study will use convergent mixed methods guided by a grounded theory approach. To address the qualitative research questions a sample of immigrant women diagnosed with diabetes, ages 18 and older, seeking care from a certified practitioner will be recruited from local community health centers. Recruits will participate in 1 of 6 focus groups. To address the quantitative research questions, surveys will be administered to medical providers that are employed and recruited from the participating local community health centers

### Sample Population:

*Qualitative Strand-* A convenience sample will be used for data collection. The Sample will consist of diabetic immigrant women, ages 18 and older that speak either English or Spanish/Creole, seeking care from a provider at the community health center.

*Quantitative Strand-* Electronic surveys will be administered to providers employed at the community health center

### Strengths:

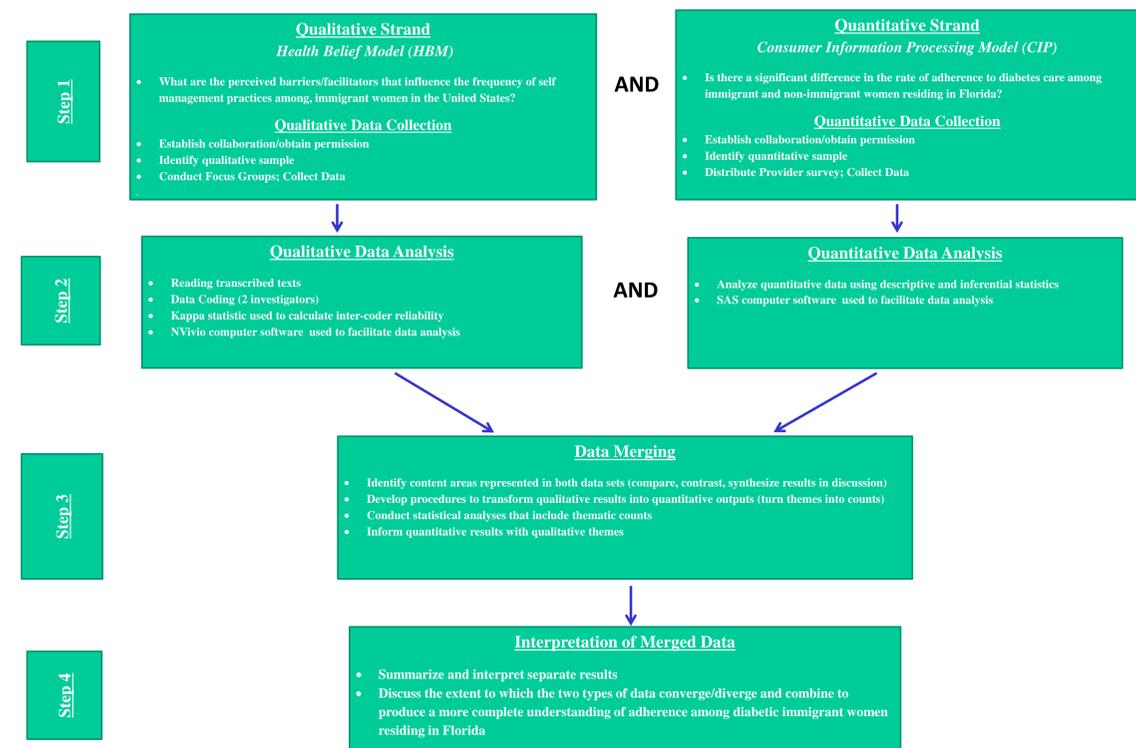
- Gender specific and culturally-appropriate measures incorporated into the study design
- Mixed method research design provides rich and well supported evidence to support finding
- Partnership with center that specializes in low-income immigrant care provides access to and population specific insights about the population

### Challenges and Barriers:

- Provider schedules
- Establishing trust in immigrant populations
- Focus Group recruitment barriers (transportation, time conflicts)

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## Procedures and Analyses



## Projected Outcomes

The following questions will be addressed:

**RQ1:** What are the perceived barriers and/or facilitators that influence the frequency of self-management practices, among immigrant women in the United States?

**RQ2:** Is there an association between the factors that influence the prevalence of diabetes among immigrant women and the self-reported frequency of self-management practices in the United States?

This project will test the following hypotheses:

**H1:** Multiple modifying factors influence the patients' rates of adherence to diabetes care. Modifying factors include but are not limited to: health literacy, socioeconomic status, gender, and language barriers.

**H2:** Health literacy will be identified as the most influential modifying factor for adherence to diabetes care.

## Implications for Public Health

### Acculturation among Ethnic Minorities and Immigrant Populations

Research has consistently demonstrated that newly-arrived immigrants benefit from better health than their native born counterparts; unfortunately, research has also demonstrated that the health advantages that immigrants experience upon first arrival to the United States deteriorates with increasing duration in the United States and greater levels of acculturation (Oza-Frank and Cunningham, 2010). Because, racial and ethnic minority communities are at a higher risk for chronic disease related to obesity, poor nutritional choices, and/or limited food options it seems intuitive that researchers and policy makers should be increasingly concerned with the health outcomes of the immigrant population and their access to health care.

### Medical Adherence

Data retrieved from this research study has the potential to inform public policy, medical practice, and the development of interventions and/or initiatives designed to improve patient outcomes and increase the efficiency of provider-patient interactions. If the hypothesis is correct, responsible researchers and health providers should seek to address health literacy and other modifying factors that may contribute to low rates of medical adherence and self-management practices in culturally diverse populations.