We conducted interviews based on a survey about barriers to diabetes self-management. This anonymous survey was administered in the waiting area of the Caribbean House Health Center. Our sample of 65 surveys includes various ethnic groups but mainly focused on Caribbean Americans. We found that most respondents in the waiting room did not yet have a diagnosis of diabetes.

Introduction

The Caribbean Health Care Network-Caribbean House Health Care Center (CHN-CHHC), founded in 1964 in Brooklyn, provides quality, culturally competent and comprehensive community-based primary care, mental health and social services for diverse population in under-served communities throughout New York City. CHN-CHHC’s mission is to help inform the community of medical issues and provide assistance on accessing care. Our research project, Community Perceptions of Barriers to Diabetes Self-Management, explores issues identified by CHN-CHHC’s patients as factors limiting them from self-managing their diabetes. According to the Report on Diabetes produced by the SUNY Downstate Medical Center, diabetes is among the top ten leading causes of death in New York and nationally. Brooklyn has one of the highest death rates from diabetes in New York State. The population of people with diabetes is higher in Brooklyn than the rest of New York City.

The survey was developed by CHN-CHHC and informed by the student researchers who added questions about how many clients without diabetes knew at least one person living with diabetes, and whether the prevalence of the disease is growing amongst the Caribbean-American population in the Brooklyn. Results from this survey of their clients will help CHN-CHHC address the barriers that clients identify to improve services.

Hypothesis

We hypothesized that clients of Caribbean Healthcare Network-Caribbean House Health Center would identify lack of access to healthy foods and places to exercise as barriers to self-managing diabetes.

Methodology

We conducted interviews based on a survey about barriers to self-managing diabetes. This anonymous survey was administered in the waiting area of the Caribbean House Health Center. Our sample of 65 surveys includes various ethnic groups but mainly focused on Caribbean Americans. We found that most respondents in the waiting room did not yet have a diagnosis of diabetes.

Methodology (cont.)

Based on our background research, and our meeting with our CBO leader, we added additional response categories and three more questions targeting the non-diabetic group to see if the disease runs in their family and their perceptions of prevalence.

The survey assesses five categories of self-management with a screening question about whether or not the respondent has diabetes. The five categories are food, exercise, monitoring, medication, and self-care. We feel by asking questions about these five categories we could determine the greatest barriers that clients with and without diabetes identify to self-managing the disease.

Results

All of the diabetic respondents knew that diabetes ran in their families, at least one person who had the disease and felt that it was reaching epidemic proportions in the US. In sampling from CHN’s clinic waiting room, we found most respondents were not diabetic, however, some had diabetes in their family, and most knew at least one person who had diabetes, and felt that the prevalence was reaching epidemic proportions in their community.

Counter to what we expected, most respondents said they had access, and the time and means to eat fresh vegetables, fruits and grains. Many respondents had access to a place to exercise but said that they do not use it.

There was a critical finding in the category of monitoring. Respondents who do not currently have a diagnosis of diabetes, revealed that many do not visit their doctor frequently and therefore did not know whether or not they are at the risk or have diabetes. Based on our experience and that of the clinicians, Caribbean people have a cultural bias against visiting the doctor unless there is a major problem. Thus, people should be educated and encouraged to visit their doctor frequently to know more about their health.

Conclusions

The chief barriers we found to diabetes self-management were education and motivation on the topic of diabetes. Even the diabetics we surveyed did not check their blood sugar daily or understand how to read their blood glucose and control it. This finding was consistent with the findings of the Department of Epidemiology, Rollins School of Public Health and Emory University, that lack of education is one of the major barriers to self-managing diabetes.

We recommend that funding and policy focus on educating those with diabetes, and those at risk about monitoring their condition and preventive care, including self-care, i.e. diet and activity.

Bibliography


