

ABSTRACT

Factors that Facilitate Patient Activation in Self-Management of Diabetes: A Qualitative Comparison across White and American Indian Cultures

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By
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The United States (US) is plagued by a high-cost health care system producing lower than desired patient quality outcomes. An examination of health care expenditures reveals the majority of expenditures are attributable to just 5% of the population. This high cost population is composed of older adults experiencing one or more chronic condition. In an effort to control health care costs, the US government enacted the 2012 Patient Protection and Affordable Care Act. Under this legislation, providers are financially incented to create cost-effective models of care that improve the health of US citizens. One emerging solution is engaging patients with chronic conditions in self-management practices, which has the potential to both control costs and increase the quality of life for those living with chronic conditions.

Guided by Krieger's Eco-Social Theory, this qualitative study used a combination of semi-structured interviews, scales and a questionnaire to answer the main research question: "What factors facilitate patient activation of self-management of type 2 diabetics?" Both managed and unmanaged participants were equally represented in the study sample. White participants and participants from two American Indian¹ tribes located in Northeast Wisconsin were included in this study. Findings indicated the establishment of routine behavior supports patient activation of self-management in patients with type 2 diabetes. Patients who successfully managed were able to identify healthy alternatives when routines were disrupted. Both managed and unmanaged patients were motivated to self-manage by the fear of the progression of the disease. Experiencing success such as weight loss or hemoglobin A1c numbers coming into normal range was also identified as a factor in facilitating patient activation. Unmanaged patients struggled with fulfilling responsibilities or tasks associated with their position in their families and society, in a way that is consistent with the successful self-management of diabetes.

The study concluded that community, culture and environment have both a negative and positive influence on patient activation of self-management of type 2 diabetes. The study found that the current epidemics of obesity and diabetes create an apathetic response to the type 2-diabetes diagnosis that affects subsequent treatment and self-management in the communities studied. Aspects of local cultures such as unhealthy

¹ The term "American Indian" is used in this dissertation to describe populations of people indigenous to the United States of America.

regional and tribal foods, lack of options for menu items low in carbohydrates and sugar in restaurants, high consumption of soda and alcohol and holidays/tribal events provide significant challenges for unmanaged patients. The workplace can have both a positive and a negative influence on diabetic self-management. Deviation of daily routines (unexpected events such as required travel), sedentary tasks, rotating shift work, celebration/food days and lack of storage for fresh food can make self-management difficult. Workplace policies such as tiered health insurance premiums and other financial incentives had an impact on attendance at educational events but not on sustaining self-management behaviors. Positive aspects of the workplace include the imposition of structure and routine and the emotional support of colleagues. Warm seasons were also found to activate self-management by providing an opportunity for outdoor exercise and healthier modes of food preparation, such as grilling.

Consistent with a previous study, high rates of childhood trauma were found among the study groups. However, findings did not support the hypothesis that levels of childhood trauma were linked to self-management. While some evidence of historical grief and loss along with associated symptoms was found among the American Indian populations, there was no correlation between managed condition and level of grief and loss. Further examination of the connection between childhood and historical trauma to the current obesity and diabetic epidemics in these communities is recommended.

Conclusions from this study can direct public health and health care policy. Evidence suggests the development of trauma-informed, patient-centered diabetic self-management services is warranted. Public health campaigns with messaging directed toward both dominant and American Indian cultures should address the causes and prevention of type 2 diabetes. Materials should be easily accessible for communities and health care providers. Employers should consider the impact of the physical environment (beyond work-related injuries) on the health of their workers and sponsor educational events more frequently throughout the year to support self-management of chronic illness. Community health can be improved by 1) addressing alcohol and soda intake among members, 2) restaurants' developing/noting menu items low in sugar and carbohydrates and 3) encouraging seasonally appropriate activity and exercise throughout the year.

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