

# Health Beliefs of Hispanic Patients with Prediabetes in the Lehigh Valley

Susan E. Hansen MA

*Lehigh Valley Health Network, Susan\_E.Hansen@lvhn.org*

Melanie B. Johnson MPA

*Lehigh Valley Health Network, Melanie\_B.Johnson@lvhn.org*

Kyle Shaak BS

*Lehigh Valley Health Network, Kyle.Shaak@lvhn.org*

Beth Careyva M.D.

*Lehigh Valley Health Network, beth\_a.careyva@lvhn.org*

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# Health Beliefs of Hispanic Patients with Prediabetes in the Lehigh Valley

A Qualitative Examination

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**Susan Hansen, MA**

Medical Education Evaluation Specialist, Family Medicine Residency Program

# Who We Are: A Complete Health Network



LVH-Cedar Crest



LVH-17<sup>th</sup> Street



LVH-Muhlenberg



LVHN-Tilghman



LVH-Pocono



LVH-Hazleton



# Lehigh Valley Health Network



LVH-Schuylkill  
E. Norwegian St.



LVH-Schuylkill  
S. Jackson St.



ExpressCARE



Home Health



LVPG



Health Centers



Lehigh Valley  
Children's Hospital

# Overview

- Purpose of Study
- Theoretical Context
- Methods
- Findings
- Conclusions
- Questions



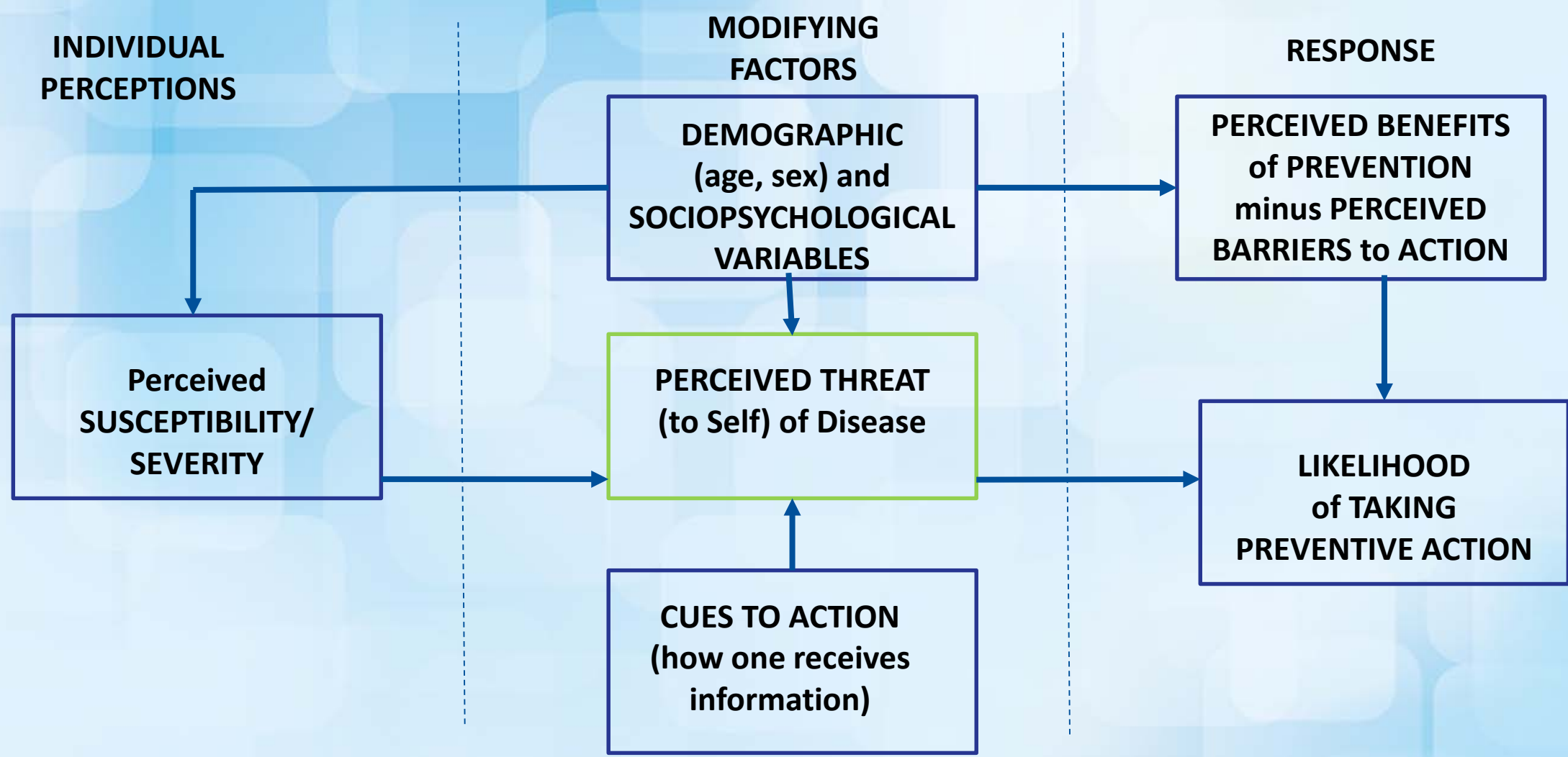
# Purpose of Study: A Need for Intervention

- Hispanic patients with prediabetes at greater risk of diabetes
- What else could physicians be doing?
- Patients likely have insights they're not sharing in clinical setting



Research objective: Explore how Hispanic adults with prediabetes perceive current health status and risk for progression to diabetes

# Theoretical Context: Health Belief Model



# Study Aims through Lens of Health Beliefs Model

- **Aim 1:** How Hispanic adults with prediabetes view personal risk of progression to diabetes (PERCEIVED SEVERITY/SUSCEPTIBILITY)
- **Aim 2:** How participants interpret glucose-related biomarkers in relation to health status (CUES TO ACTION-CLINICAL INFORMATION)
- **Aim 3:** Understand health beliefs around prediabetes (CUES TO ACTION – OTHER INFLUENCES)



# Methods

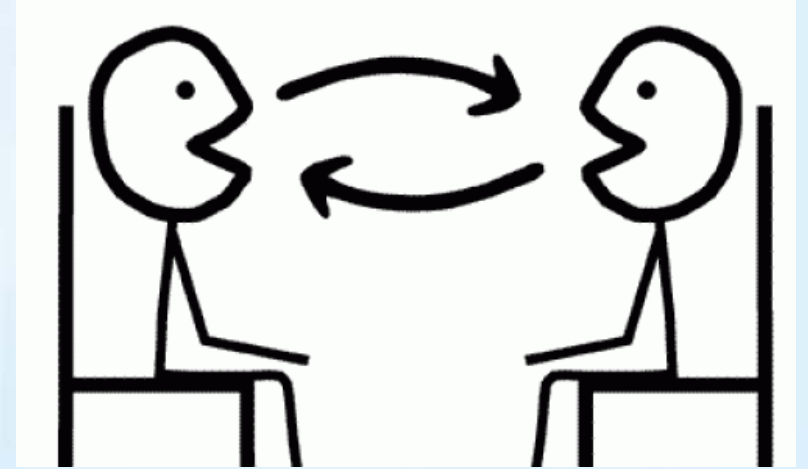
- Phase 2 of 4-phase intervention study
  - Phase 1 = Mailed survey
  - Phase 2 = Individual interviews with subgroup of respondents
  - Phase 3 = PASAC to refine tool for shared decision making
  - Phase 4 = Clinical pilot testing of decision aid/graphic





## Methods

- Semi-structured interview guide
- One-on-one interviews
- Infographic on prediabetes
- **Analysis:** Individual and consensus coding of transcripts
  - *a priori* and emergent themes relevant to Health Belief Model
  - Kappa scores and member checking utilized for validation



# Results-Demographics

- 18 interviews conducted
  - 8 in English, 10 in Spanish
  - 14 female, 4 male
  - Ages 40-70
    - Employment: FT-2; PT-1; Disabled-6; UE-8; Not in Market-1
    - Education levels ranged from some middle school to bachelor's degree
  - Majority not born in US (4 US, 4 Puerto Rico; 10 other)



## Results – Interpretation of Biomarkers

- All participants aware of diagnosis
- Low level of understanding about illness
  - Blurred line between prediabetes and diabetes
- Familiar with terms “A1c level,” “glucose,” “blood sugar”



## Results-Exemplar quotes

*“Glucose is like what is in the blood, and that’s what gradually causes diabetes, I think.”*

*“Something about your insulin not making enough of – something that had to – I don’t remember.”*

*“When the people have the glucose over the normal number – this is between 5.5 to 6 – is prediabetic. Over 6 is diabetic.”*

# Results-Risk of Progression

- **Severity**
  - Described as “Serious,” “Bad,” “Scary”
- **Susceptibility**
  - Recognize role of diet and activity choices
  - Family history frequently cited
  - Spirituality: God as healer and/or source of strength



## Results-Exemplar quotes

**Family History:** *“I’m going to be diabetic no matter what, because my mom, my dad, and my sister, my uncle, my grandma, so I know it’s coming.”*

**Spirituality:** *“God is probably telling me, ‘You got to eat healthy, you got to be watching what you eat - rice, the carbs, the sugar - and exercise.’ ”*

*“He is our doctor of doctors. I ask Him every day to heal this illness since I don’t want to suffer.”*

# Results-Health Beliefs about Prediabetes

- Sources of knowledge
  - Social interactions with family/friends most impactful
  - Physicians diagnose, check blood values, offer nonspecific Tx's
  - Other health care professionals frequently cited as helpful
  - Technology-savvy participants searched for info on own



## Results-Exemplar Quotes: Family/Friends

*“What my sister used to do, she washes those beans. All that stuff that preserves them. She wash them until clear water runs down then she makes beans so I think that's really – she takes care herself good.”*

*“My mom gives me some advice...such as eating pickles or using the Napa cabbage. She already knows. She does many smoothies to help, and it has helped her so far.”*

*“I have four girls...they need me.”*



# Summary

- Overestimated patient grasp of illness
  - For many, prediabetes = diabetes
  - Sugar/lack of exercise/family history
  - Minimal self-efficacy
- Clinician takeaways
  - Delivery of diagnosis not enough
  - Health literacy (not language barrier)
  - Clues in spiritual beliefs/social world
- Next steps
  - Complete phases 3 & 4 of project
  - Collaboration opportunities
  - Explore educational opportunities for patients and clinicians

## References

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# Questions?

Contact Information:

**Susan Hansen, MA**

Department of Family Medicine Residency Program

[Susan\\_E.Hansen@lvhn.org](mailto:Susan_E.Hansen@lvhn.org)

484-862-3076