

Experiences of Choctaw Indian Men and Women After Being Newly Diagnosed with Diabetes: A Pilot Study



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Abstract

Problem and Significance: American Indians and Alaskan Native (AI/AN) suffer a disproportionate burden of diabetic occurrences as they are over 2.5 times as likely to experience diabetes as non-Hispanic whites (Liburd, 2003, ADA, 2008). There is also a disparity in the occurrence of depression and depressive symptoms in the Native American diabetic population when compared to the rates of occurrence in the general public. People with diabetes and co-morbid depression experience a higher burden of symptoms with poorer glycemic control and compliance to prescribed health regimens which results in increased complications and poorer long term outcomes. The exact relationship between diabetes and depression is unclear but can be described as a mutually associative relationship. The increase in symptom burden and mortality suffered by Native Americans experiencing this co-morbidity and the lack of culturally sensitive intervention strategies warrants asking Choctaw Indians in particular about how they experience and cope with being newly diagnosed with diabetes.

Purpose: The purpose of the study is to explore the experiences of Choctaw men and women newly diagnosed with diabetes.

Methods: The pilot study is a qualitative, descriptive design informed by ethnography comprised of Choctaw Indian tribal members (2 male, 2 female), between the ages of 18 and 45 years of age, newly diagnosed with diabetes (type I or II) selected from referrals from the Choctaw Nation Diabetes Wellness Center in Tahihina Oklahoma. A onetime 30-60 minute face to face interview will be conducted, and analyzed for common themes. **Findings:** Pending data collection



Research Design

Qualitative, descriptive design informed by ethnography

Research Question

What has been your experience since being diagnosed with diabetes?

Data Collection

- Consent is obtained, and at the participant's convenience,
- Onetime 30-60 minute face to face interview will be conducted interview will be taped,
- Transcribed and analyzed for common themes.
- Interview will consist of the participant describing their experience with a new diagnosis of diabetes
- Data will be kept in a locked file
- Participants will only be identified by sex and number only
- Presentation of findings to the Choctaw Nation IRB and poster for NANAINA.

Background

- Until approximately 1930 diabetes was considered rare among AI/AN populations
- Attributed to acculturation and assimilation, change in dietary habits and level of activity
- Recognized as a major health problem in AI/AN populations for the past 40 years
- Oklahoma which has the largest American Indian population in the United States
- Diabetes is now the 5th leading cause of death in that population.
- Choctaw Nation of Oklahoma is the second largest tribe (70,000)
- Choctaws were not mentioned in studies involving co-morbid diabetes and depression
- 15% of American Indians and Alaskan Natives have diagnosed or undiagnosed and untreated diabetes
- Some American Indian villages researchers have reported incidences as high as 50%
- Largely related to low socio-economical status, poor dietary habits and poor access to health services
- The perspective of the newly diagnosed diabetic Choctaw Indian has never been examined



Sample (n=4)

4 Choctaw Indian tribal members (2 male, 2 female), between the ages of 18 and 25 years of age, newly diagnosed with diabetes (type I or II) and selected from referrals from the Choctaw Nation Diabetes Wellness Center in Tahihina Oklahoma

Data Analysis

Qualitative Data Analysis will identify emerging shared experiences or "patterned regularities" of the participants as they deal with the new diagnosis of diabetes

Interview Guide

- How have you been managing your diabetes?
- How has your life changed since being diagnosed with diabetes?
- What kind of support, help have you been given since being diagnosed with diabetes?
- How has/have your experience(s) been with healthcare since you've been diagnosed with diabetes? What has been helpful, not helpful? What advice would you give healthcare providers caring for people who are newly diagnosed with diabetes? Who have had diabetes for a long time?
- What would have made your transition to managing your diabetic care easier for you? What has made it harder?
- How do you think being Native American influences your approach to managing your diabetes?
- What are some Native American practices you use to help you manage your diabetes?
- What are some personal, family, Native American, healthcare things that have helped/hindered your adjustment to having diabetes?

Findings and Conclusions

Preliminary Findings

Common Themes

- Denial
- Anger
- Fatalism
- Insulin Dosing Based on "How they feel"
- No Traditional Approaches
- Strong Family History
- Favored Group Interaction
- Level of Support Significant Factor

Lessons Learned

- Incentives Important to Participation
- Don't have Too Narrow of Focus
- Be Flexible
- Snowballing Worked Better Than Referral

Significant References

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