

New solutions needed for diabetes management among older Native Americans

March 24 2016, by Jared Wadley

Older American Indians face barriers accessing health care, but little was known about whether or not these barriers relate to management of type 2 diabetes—a major health concern in Native American communities.

Emily Nicklett, assistant professor of social work at the University of Michigan, and her colleagues were interested in identifying barriers faced by native elders in the day-to-day management of diabetes—such as distance to [medical care](#), transportation problems, socioeconomic barriers, family obligations ([child care](#), parental caregiving), and patient-provider relationships and communication.

Using data from the Strong Heart Family Study, Nicklett and colleagues from the Native Elder Research Center and Georgetown University examined facets of access to care, including cost, transportation, travel time to appointments, availability of walk-in appointments and wait times. Nearly 300 Native Americans age 50 and older in Oklahoma, Arizona, North Dakota and South Dakota participated.

Native Americans are disproportionately affected by poverty and chronic disease, such as heart disease and diabetes, compared to other racial or ethnic groups in the United States. People with diabetes face a higher risk of Alzheimer's disease in later life, Nicklett says. Many manage the disease routinely through a regimen involving medications, changes to diet, [physical activity](#) and other forms of self-care.

Among the study's findings:

- Most elders live more than 15 minutes from their regular source of care, and they typically transport themselves. Others tend to rely on family members for transportation, rather than on friends, community [health](#) workers or other modes of transportation.
- When making appointments, elders confront scheduling delays, requiring arranging several weeks in advance.
- Wait times tend to be long for both scheduled appointments and walk-ins.

Nicklett says it's imperative that providers working with Native Americans continue to partner with their patients to identify and overcome barriers to diabetes self-management. These could relate to other unexamined factors related to [health care](#), such as patient-provider communication or access to diabetes-friendly foods and places for physical activity.

Once these barriers are identified, they need to be addressed through programs and policies informed by local communities, in order to enhance the health and well-being of older American Indians, Nicklett says.

The findings are in press at the *Journal of Aging and Health*.

More information: E. J. Nicklett et al. Access to Care and Diabetes Management Among Older American Indians With Type 2 Diabetes, *Journal of Aging and Health* (2016). [DOI: 10.1177/0898264316635562](https://doi.org/10.1177/0898264316635562)

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