

# Culturally adapted materials boost Latino participation in diabetes education programs

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An Oregon State University study published last week found that diabetes education programs that are linguistically and culturally tailored to Latinos lead to significantly higher rates of completion among Latino participants—even higher than rates among non-Latinos enrolled in the English versions of those programs.

Cultural adaptation means that a program is not simply a word-for-word translation of an English-language version. For example, the Programa de Manejo Personal de la Diabetes (PMPD) was originally developed in Spanish, using idioms and examples that are familiar and applicable to Latinos specifically.

"Linguistic adaptation is important, obviously, when we're trying to reach people who speak languages other than English. But equally important is that it's culturally adapted," said lead author Carolyn Mendez-Luck, a researcher in OSU's College of Public Health and Human Sciences. "Those two go hand-in-hand."

Latinos in the U.S. are twice as likely as non-Latino whites to develop Type 2 [diabetes](#), with over half of Latinos expected to develop Type 2 diabetes by age 70.

Latinos also tend to experience more complications from uncontrolled diabetes, including [kidney disease](#), vision problems and heart disease. Such complications lead to high health care costs and significant disability.

Diabetes self-management education has been shown to improve healthy eating, and has been linked to lower medical costs and reduced ER visits. But few prior studies have focused on Latino participation in such programs.

Mendez-Luck and OSU co-authors Diana Govier, Jeff Luck, Esmeralda Julyan and Shyama Mahakalanda used data from the National Council on Aging to measure participation rates among Latinos and non-Latino whites in two programs, the PMPD, and its equivalent that targets non-Latinos, the Diabetes Self-Management Program (DSMP). Angelica Herrera-Venson of the National Council on Aging was also a co-author.

The sample, drawn from the council's Chronic Disease Self-Management Education Database, included 8,321 Latinos and 23,537 non-Latino whites who participated in either program between January 2010 and March 2019.

The researchers found that, compared to non-Latino whites, Latinos enrolled in either the PMPD or DSMP program had a higher probability of completing at least four sessions of the six-session programs. Among Latinos, those enrolled in the PMPD Spanish-language program had the highest probability of completing all six sessions.

A potential explanation for higher rates, the study says, is that these kinds of programs are "sensitive to cultural values and beliefs related to diabetes, thus making them more relevant and interesting to Latino participants."

For example, in talking about food, a Latino-tailored diabetes program would emphasize the need to limit intake of rice and tortillas, rather than white bread and potatoes, as might be the case in a non-Latino program. Or if talking about exercise, a program based in a desert community would not be likely to recommend kayaking as an option.

In addition to language translation, linguistic adaptations may also use easy-to-understand terminology, the study says, which helps make programs more accessible to participants with lower educational levels. Such materials may also help boost Latinos' overall health literacy, which can improve health outcomes and increase motivation for self-care.

A unique factor in providing diabetes education to Latinos, Mendez-Luck said, is having to combat the cultural notion of "susto," the belief held by some Latinos that a major scare or trauma in someone's life is what initially causes them to get diabetes.

There are also challenges in bridging the gap between what some Latino elders believe about the disease and its treatment, and what their caregivers do to help them.

The National Council on Aging is continually working with community-based organizations to identify and disseminate culturally adapted version of health education programs. Going forward, the researchers said, further study will be needed to determine whether those tailored approaches lead to similar participation rates among other racial and ethnic groups.

**More information:** Carolyn A Mendez-Luck et al, Participation of Latinos in the Diabetes Self-Management Program and Programa de Manejo Personal de la Diabetes, *Innovation in Aging* (2020). [DOI: 10.1093/geroni/igaa006](https://doi.org/10.1093/geroni/igaa006)

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