

Improving the Lives of All People Affected by Type 2 Diabetes

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Editor's note: This article is adapted from the address of the American Diabetes Association (ADA) President, Health Care & Education, given in June 2013 at the Association's 73rd Annual Meeting and Scientific Sessions in Chicago, Ill. A webcast of this speech is available for viewing at the ADA website (http://professional.diabetes.org/Presentations_Details.aspx?session=4295).

President of Health Care & Education for the American Diabetes Association (ADA)—how did I get here? Was it purely title and admiration for those who came before me? No. Volunteering for the ADA takes commitment, dedication, and hard work. And I've worked hard to get here.

As a young and rather naive student, I was the flat sponge so many educators long for. Students in the final year of my nursing program were given a mandate to go into the community to teach a class on obstetrics, breast-feeding, or diabetes. I chose diabetes. Soon thereafter, I began volunteering for ADA as a student nurse doing presentations in the community. I could not stop at just one presentation; I wanted to know that my efforts made a difference.

Moving from the classroom to Los Angeles, Calif., County Hospital as a staff nurse enhanced my ability to do the work I needed to do, both as a public health nurse and as an educator at East Los Angeles College (ELAC). Throughout this transition, I continued to work with a population of socially, financially, and educationally disadvantaged

Latinos, Hispanics, and Asian-Pacific Islanders, attempting to focus on what I thought public health was really all about: prevention. My goal was to teach clients how to care for their illnesses and how to prevent recurrence and readmission into the hospital emergency department for problems for which they had received previous treatment. Working with the underrepresented, underserved, disadvantaged, and working poor became a labor of love, teaching families how to improve the quality of their lives.

Complications of diabetes can be devastating. I recall having students take care of a 28-year-old Latino man with diabetes. He was what the students recognized as “noncompliant,” and he experienced what many people with diabetes face: denial, sadness, anger, helplessness, frustration, hopelessness, fear, and shame. Although he knew what to do, he didn't do anything about his diabetes. He did not change his behavior. He had his foot amputated, and still his behavior did not change. “He's a registered nurse,” the students told me. And I reminded them that he's a patient—a human being first.

Students saw in this man the typical pattern of noncompliance. He was discharged and returned, this time for an above-the-knee amputation. My students were in shock. And still, his behavior did not change.

The next rotation of students had heard about this nurse with diabetes and found themselves taking care of him during his last hospitalization. He never changed his behavior. He continued to skip his insulin. He ate whatever he wanted, and he refused to care for himself. His lack

of adherence compounded his illness. Diabetes took the life of this 28-year-old registered nurse.

Diabetes has many faces. They are not always the stereotypical obese, middle-aged, or older couch potatoes many people first think of. Instead, they are as diverse as the population. Unfortunately, we are witnessing a sharp increase in diabetes prevalence in all age-groups, with the greatest increase in those ≥ 65 years of age. The faces of diabetes also reflect ethnic diversity, including American Indians, African Americans, Asians, Pacific-Islanders, and Hispanics.

What have I been doing to improve the lives of all people with diabetes? ELAC has the largest student population in the Los Angeles community college district of nine college campuses. It is an ethnically and culturally diverse campus of $> 30,000$ students, many of whom are the first in their family to graduate from high school, speak English as a second language, and seek a better quality of life for themselves and their families. Our college sits on 80 acres in Monterey Park, Calif., an unincorporated area of Los Angeles County. It is surrounded by elderly, poor, new-immigrant, and undereducated local residents. ELAC's nursing program reflects this community, which is largely Hispanic and Asian. The average student is 29 years old, many are single parents, and many work more than the recommended 20 hours per week in jobs, while maintaining their full-time status in the registered nurse program.

In my work at ELAC, I look for ways to break the cycle of poverty, low education, and poor health outcomes, among both my students and the patients with whom they work. As a lecturer in psychiatric nursing, I found that my students spent little or no time with their own older family members. More than 85% of my students had no idea about their personal health history. Appreciating and valuing these elders, I assigned each student a 8-week project that required them to follow one patient with diabetes—ideally a family member, friend, or acquaintance—to explore the psychosocial impact of

the disease. What does the patient know about diabetes? Is the current medication effective in treating the intended symptoms? What has changed since the patient started taking the medication? Assess the individual's behavior, emotions, and reactions to diabetes treatment.

The challenges students encountered while working with people with diabetes were related to several important factors, including diversity, culture, age, ethnicity, and language. This is the guidance I gave to my students: Explore communications skills. Respect gender issues, such as women not questioning men. Overcome language barriers. (Too often, patients do not understand and will simply agree rather than question, which usually means that nothing will change.) Maintain confidentiality, especially when using interpreters. Be mindful of nonverbal messages, tone of voice, and timing of spoken messages. When teaching, give patients an opportunity to process the message and ask questions before continuing to give instructions. Read nonverbal cues to help validate patients' comprehension.

The students identified numerous challenges to adherence. Self-monitoring of blood glucose was one example. Too many of the socially, economically disadvantaged patients we serve attribute their challenges to a lack of interchangeable and inexpensive test strips for glucose meters. Often, they have an opportunity to pick up a free glucose meter at an ADA community event, but their use of these devices is short-lived because they only have a limited number of strips for the given meter.

Food and portion control are other serious challenges. Many of these patients live in food deserts, where nutritious choices are hard to come by. Or they do not like, understand, or enjoy food choices they perceive as limited or unappealing.

Understanding and complying with the orders of their physicians and other health care providers was a problem, as was reliance on local healers such as *curanderos* in Hispanic communities. I have worked in collaboration with *curan-*

deros to help patients overcome their mistrust of Western medicine and better adhere to treatment recommendations. I remind my students that balance dictates behavior. Belief in evil spirits, belief in faith healers, belief that diabetes is God's will—these things must be overcome through trust and understanding.

Together, the students and I also focused on two major initiatives involving Los Angeles County's large homeless population and ELAC's large population of uninsured students. In collaboration with the ADA, St. John's Episcopal Cathedral, and QueensCare (a local nonprofit health care organization for low-income and homeless people), ELAC psychiatric nursing students offered foot-washing clinics for the homeless. We performed foot and leg assessments and referred participants to QueensCare for treatment for cellulitis, fungus issues, and diabetes. Each participant also received two new pairs of socks. The students also conducted diabetes health fairs on campus, sharing vital information and providing handouts about nutrition, exercise, and the importance of obtaining follow-up care as needed.

The story of Mrs. V. illustrates the effect my students have had on members of our community. Mrs. V. is a 64-year-old Vietnamese-American woman. In week 1, the student working with Mrs. V. learned that Mrs. V. had been diagnosed with prediabetes and hypertension. Her medications included Paxil (paroxetine hydrochloride), Diovan (valsartan), metformin, and risperidone. Her diet consisted largely of rice and rice noodles. She usually took the bus to her clinic visits. She spoke English but had poor comprehension and did not understand the different pills given to her. She had troubles with insomnia and dizziness. And, she had limited financial resources. During the second week, the student educated Mrs. V. about healthier food choices such as brown rice and whole grains, and in week 3, the student addressed her insomnia, advising her to avoid caffeinated sodas, chocolate, and tea during the evening hours. With regard to dizziness, she was advised to hold on to something when rising

from a sitting or bending position. In week 4, the student addressed exercise.

In the course of the intervention period, the student brought Mrs. V. brown rice and whole grains, and they enjoyed a meal together. The student took Mrs. V. to her doctor's appointment and was able to go over her medications immediately after the visit, providing much-needed clarity on their use. The student also purchased a pedometer and was able to show Mrs. V. that what she perceived as a "rather long" walk was really only 87 steps. Mrs. V. is now adjusting to the lifestyle changes she has been able to adopt.

Together, my students and I make a difference. Through the years, I

have worked with at least 2,800 student nurses in their psychiatric nursing rotation. Each student has worked with a family of six or more people, providing health education and intervention. ELAC nursing students have learned the importance of obtaining a thorough health history for each patient. It takes teamwork to accomplish what ELAC and ADA have accomplished.

Still, there is so much more to be done. Opportunities await you if you are willing to share your time, your talent, and your dollars to decrease the prevalence of this silent killer. Become an ADA partner. I have had the opportunity to walk for diabetes in fundraising events. I have chaired events and conducted church

workshops. I have had speaking engagements for junior high and high school students. I recruit volunteers and facilitate community roundtables. And I have served as president of the Community Leadership Board in Los Angeles. Don't just talk the talk; walk the walk. Commit to joining me and other ADA volunteers to stop diabetes by sharing, acting, learning, and giving.

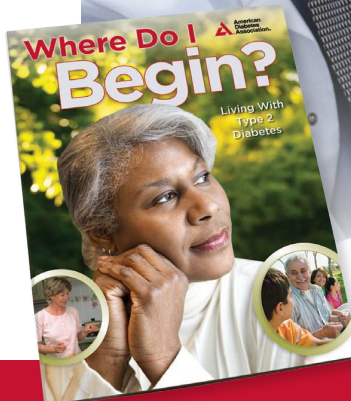
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