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Healthcare Providers' Perceived Barriers to Managing Diabetes in Rural Appalachian Ohio

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No conflicts of interest to disclose.

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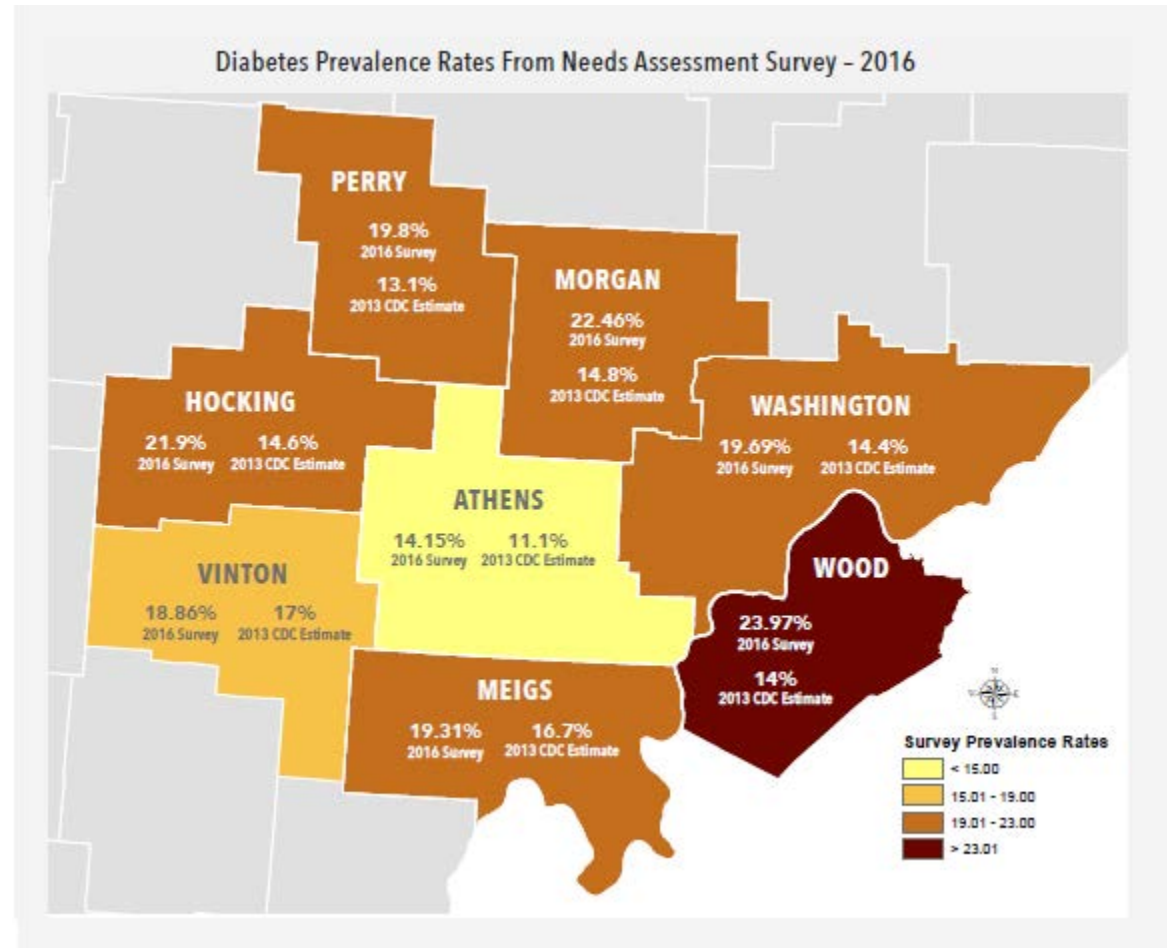


THE DIABETES INSTITUTE

Heritage College of Osteopathic Medicine

Background

In rural southeastern Ohio, diabetes rates are double the national average (19.9% vs 9.4%).



Findings

Table 1. Provider Demographics (n=43)	n (%)
Age (years)	45.4±12.05
Gender (Female)	29 (67.4)
Race (White)	41 (95.3)
Provider Type	
Physician	15 (34.9)
Registered Nurse	8 (18.6)
Nurse Practitioner	5 (11.6)
Doctor of Pharmacy	3 (7.0)
Certified Diabetes Educator	3 (7.0)
Other	9 (20.9)
Years of Practice (years)	17.3±11.6
Percentage of Patients with Diabetes (%)	46.9±29.1

Theme 1: Diabetes Fatalism and Comorbid Psychosocial Issues

- Providers recounted story after story of patients believing that they were predestined to develop diabetes because everyone in their family had it.

“People here tend to have a helplessness or hopelessness about the disease, where they're, destined to get it because everyone in their family gets it, and there's nothing really that they can do to change that.”

[ID 20, Physician]

Theme 1: Diabetes Fatalism and Comorbid Psychosocial Issues

"I think that they see it as a problem, but they have sort of a fatalistic approach that, "Well, there's not too much I can do about it. You know, I can't afford to eat the right foods. My hills are uneven, so I can't go out and walk for exercise." And so, yeah, those are kind of the – and there's a sort of the fatalistic, "Well, there's not a lot I can do about it."

[ID 12, Doctor of Pharmacy]



Theme 1: Diabetes Fatalism and Comorbid Psychosocial Issues

- Further, providers described high rates of comorbid mental illness in the region. Specifically, they reported high rates of depression, post-traumatic stress, incest, and history of abuse.

"I see a good deal of depression, a lot of posttraumatic stress, patients with history of incest, child abuse, various social trauma, loss of jobs, loss of community."

[ID 2, Physician]

Theme 2: High Risk Social Determinants of Health

- Providers repeatedly stressed how sources of health disparities interfered with their ability to treat patients' diabetes effectively.

“Affordable insulin, number one. Affordable medication, period. The only thing that's affordable is basically sulfonylureas and metformin, and about 20% of people can't handle metformin. Everything else is prohibitively expensive, and formularies change all the time.”

[ID 15, Physician]

Theme 2: High Risk Social Determinants of Health

- Specific barriers included finances, low education levels, food insecurity, housing, transportation, insurance coverage, lack of specialists, and minimal social support.

“Education, that’s a barrier. A lot of ours don’t have cars. A lot of our patients don’t have homes so they’re hopping around trying to find food, trying to find how they’re going to get from place to place. The majority of patients here in our free clinic don’t have jobs, so everything’s a barrier for their diabetes.”

[ID 37, Nurse Practitioner]

Conclusions

- Poverty, rural isolation, limited specialty providers, and a general lack of access to services continue to separate Appalachian families from the services they need.
- Diabetes fatalism presents unique challenges to the management of diabetes care in rural southeastern Ohio.
- Future interventions should address Appalachian culture and diabetes fatalism in order to engage patients with pre-diabetes and diabetes in lifestyle behavior change.