

Challenges faced by heart disease and diabetes patients as they modify their diets: The influence of social vulnerability

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Research Question

- What challenges do diabetes and heart disease patients experience when attempting to modify their diets?
 - How are these challenges different for vulnerable patients?



Rationale: Why Diet Modification?

- Clinical standard of care: Diet modification is an important part of self-management for patients with diabetes and heart disease.



Rationale: Why Vulnerable Populations?

- In vulnerable populations:
 - ↑ incidence of diabetes, heart disease
 - ↑ mortality rates
 - ↑ rate of complications
 - Especially vulnerable: people with low SES, African-Americans, Hispanic-Americans, First Nations people.
- Vulnerable patients may experience increased challenges when trying to modify diet
- Interventions tailored toward mainstream patient populations may not recognize these unique challenges.

(AHRQ, 2001; PHAC, 2011; Raphael et al, 2003)

Literature Review: Inclusion Criteria

- Peer-Reviewed
- 2002-2012
- Adult patients
- Diabetes or Heart disease
- Patient perspective
- Comparable healthcare contexts: Canada, US, Europe, NZ & Australia
- Qualitative research (primary, secondary, mixed methods)
- Diet/food mentioned in title or abstract

Results: Included Papers, by Condition & Vulnerability

	Vulnerable Groups	Non-vulnerable Groups	Total
Diabetes	36	18	54
Heart disease	5	6	11
Total	41	24	65

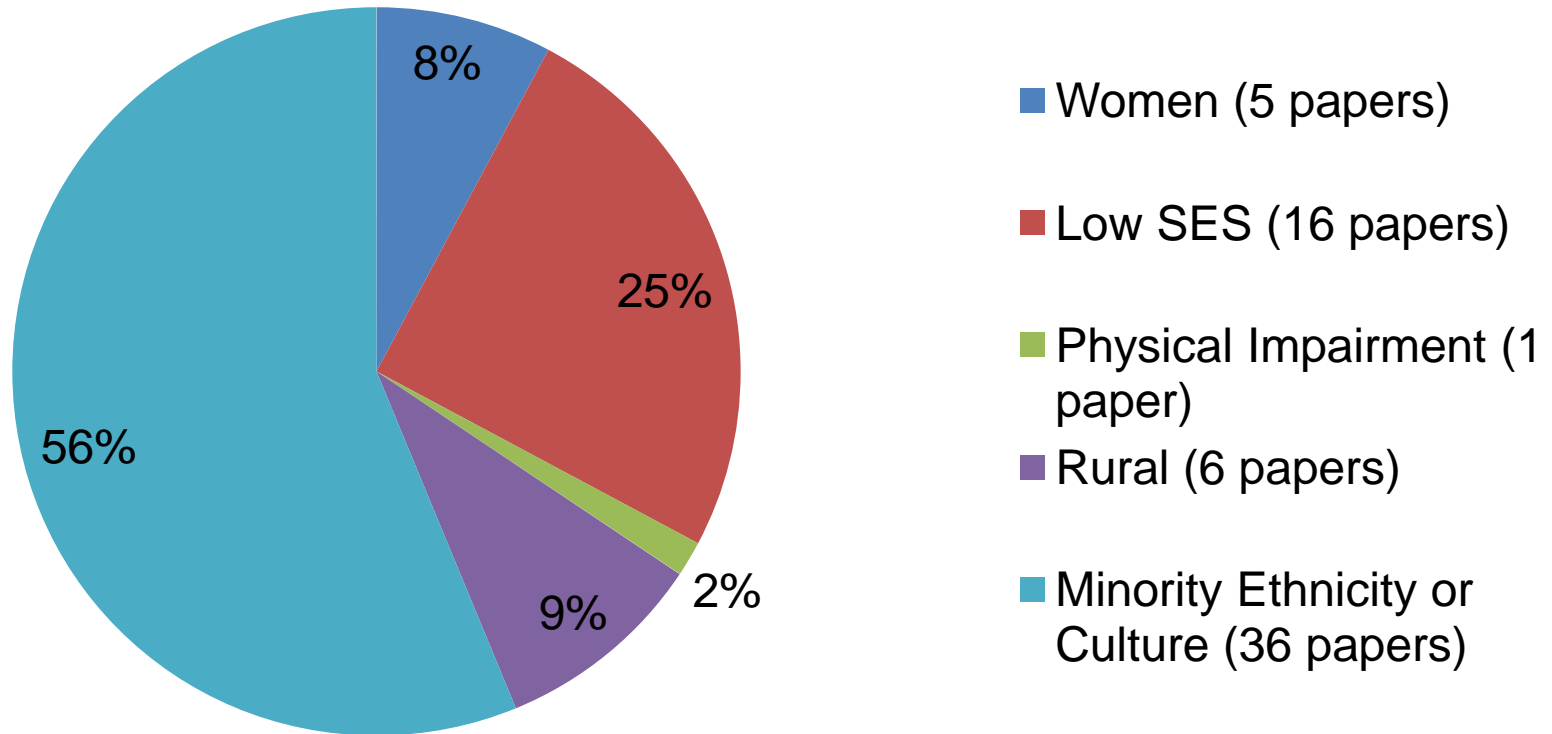
Qualitative Meta-Synthesis

- **Integrative qualitative meta-synthesis** (Sandelowski & Barroso, 2002, 2003, 2003b, 2007; Thorne et al., 2004; Saini & Shlonsky, 2012).



Included papers, by vulnerable group

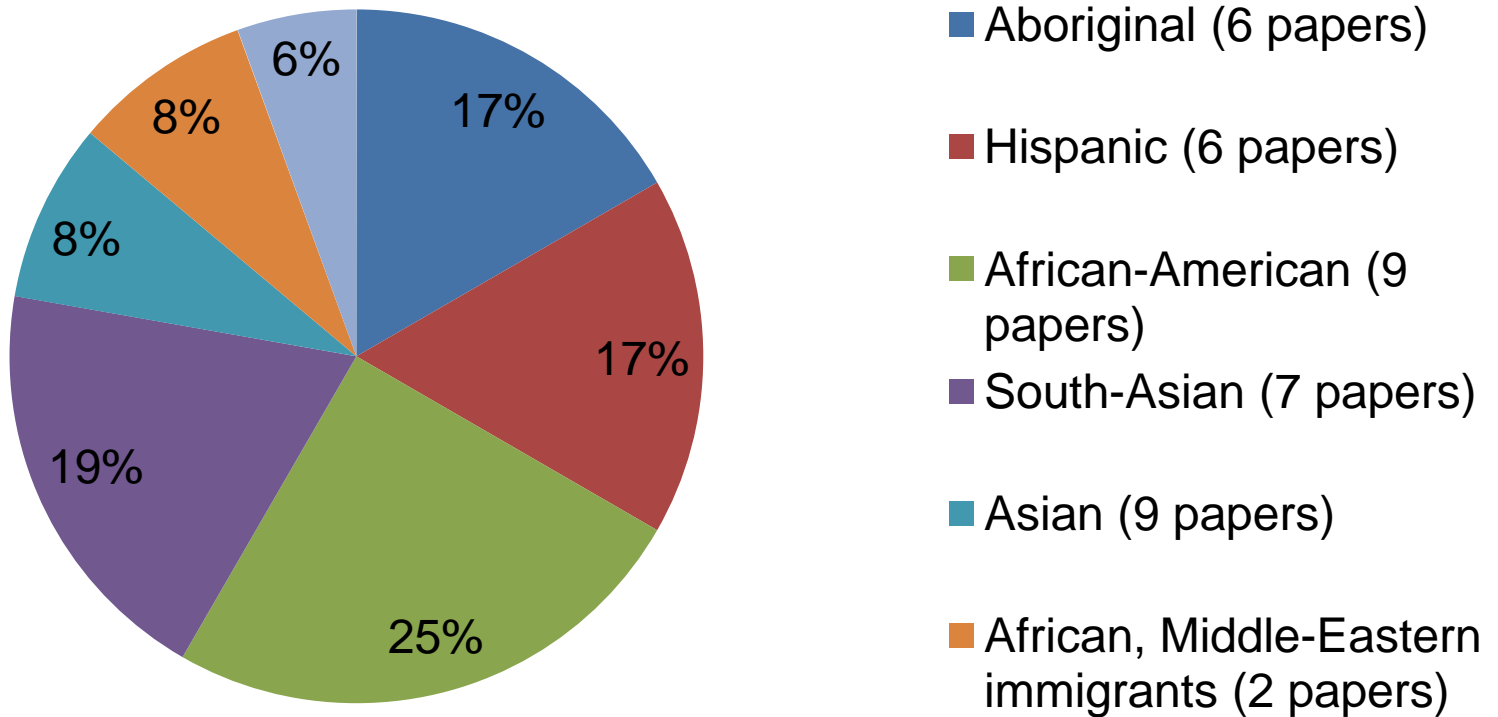
Vulnerability



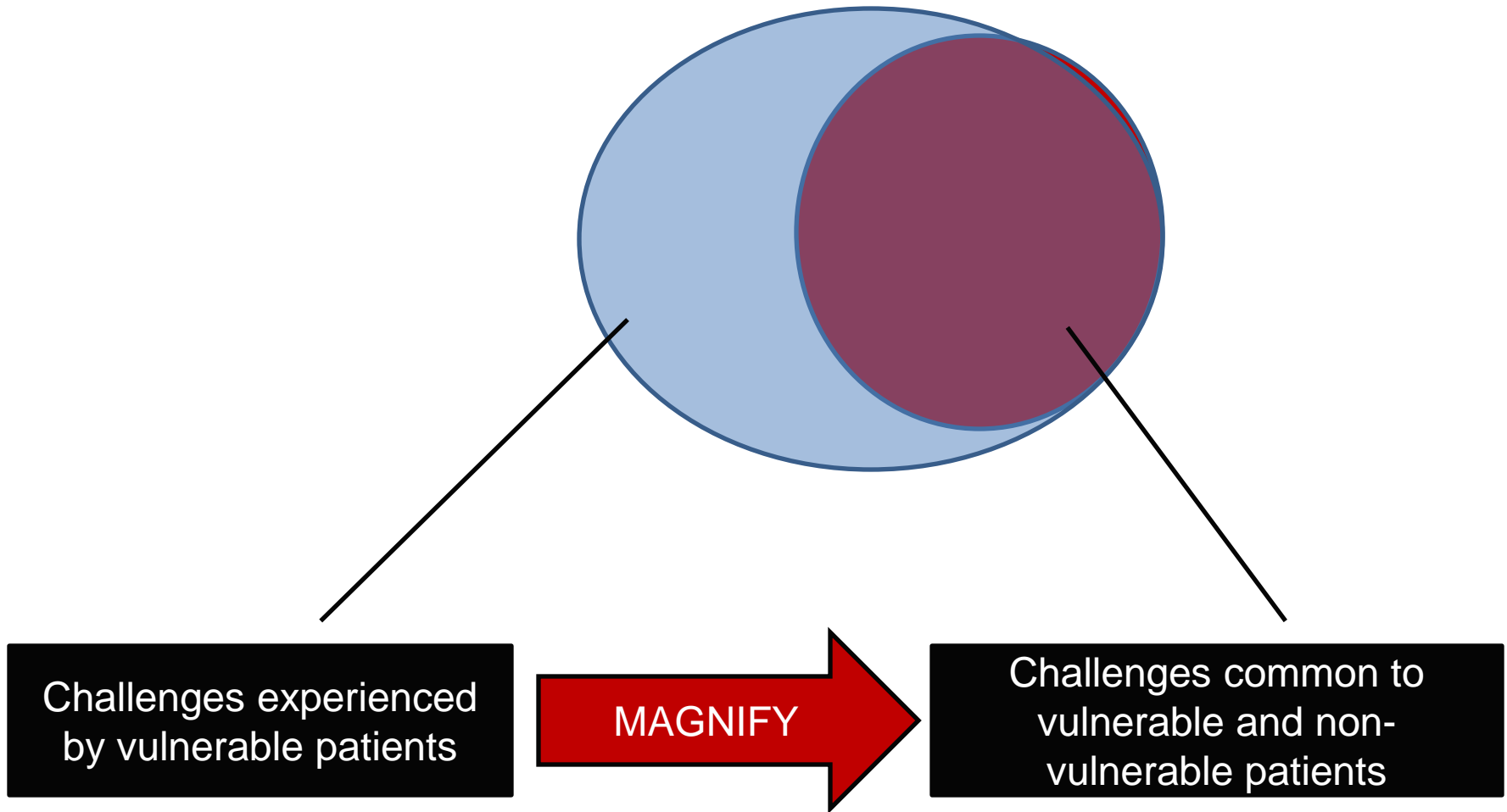
Many articles identify more than one vulnerability in studied population; only includes explicitly identified vulnerability occurring in majority of study participants.

Included papers, by ethnic minority group

Vulnerability



Findings



Challenges Common to All Patients

- Self-discipline
- Knowledge
- Coping with everyday stressors
- Negotiating with family members
- Replacing the social significance of food



Challenges Common to All Patients

- Some themes echo common wisdom about dietary modification:

“Every time you see food, you have to think, I’m a diabetic, I can’t have that. It’s all about control.”

Participant in Gazmararian et al., 2009

- Self-discipline
- Knowledge

Challenges Common to All Patients

- Others themes offer different considerations for encouraging dietary modification:
- Coping with everyday stressors
- Negotiating with family members
- Replacing the social significance of food

“Food and eating form a large part of the ‘normal’ but essential activities of families, across cultures”

Gregory, 2006

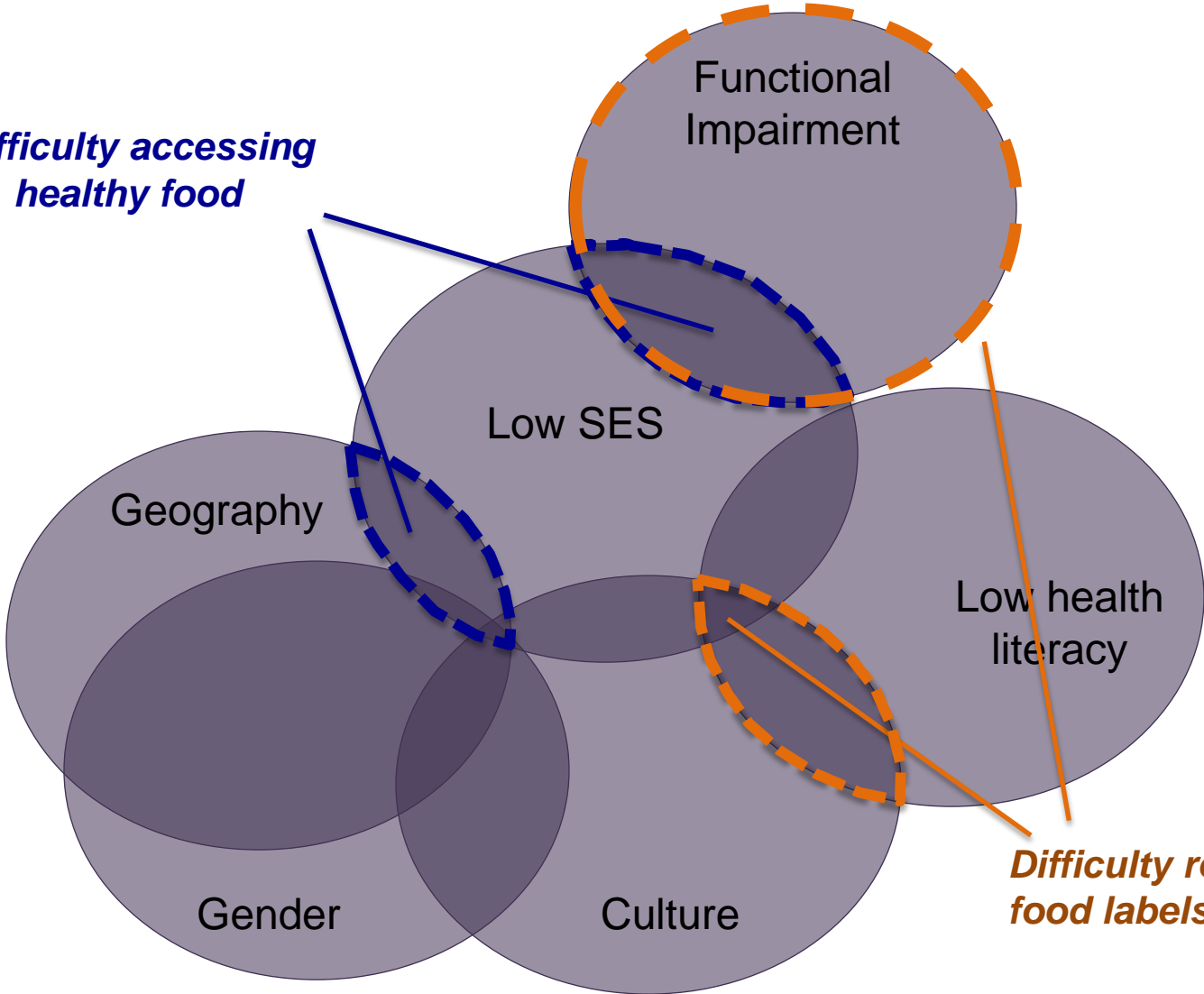
“When I eat outside of the house, I eat a bit more because I am ashamed of saying ‘no’.”

Participant in Early et al., 2009

Challenges Unique to Vulnerable Populations

- Many unique challenges identified.
- Linked to specific area(s) of vulnerability.
- Difficult to generalize across large groups:
individual context = individual challenges.
- Some consistent elements across groups.

Difficulty accessing healthy food



Low SES

Geography

Gender

Culture

Functional Impairment

Low health literacy

Difficulty reading food labels

Example: Magnification

- Multiple challenges that may be experienced trying to understand and apply dietary modification instructions.



"It's hard to remember what kind of fat is good, what kind of fat is bad"

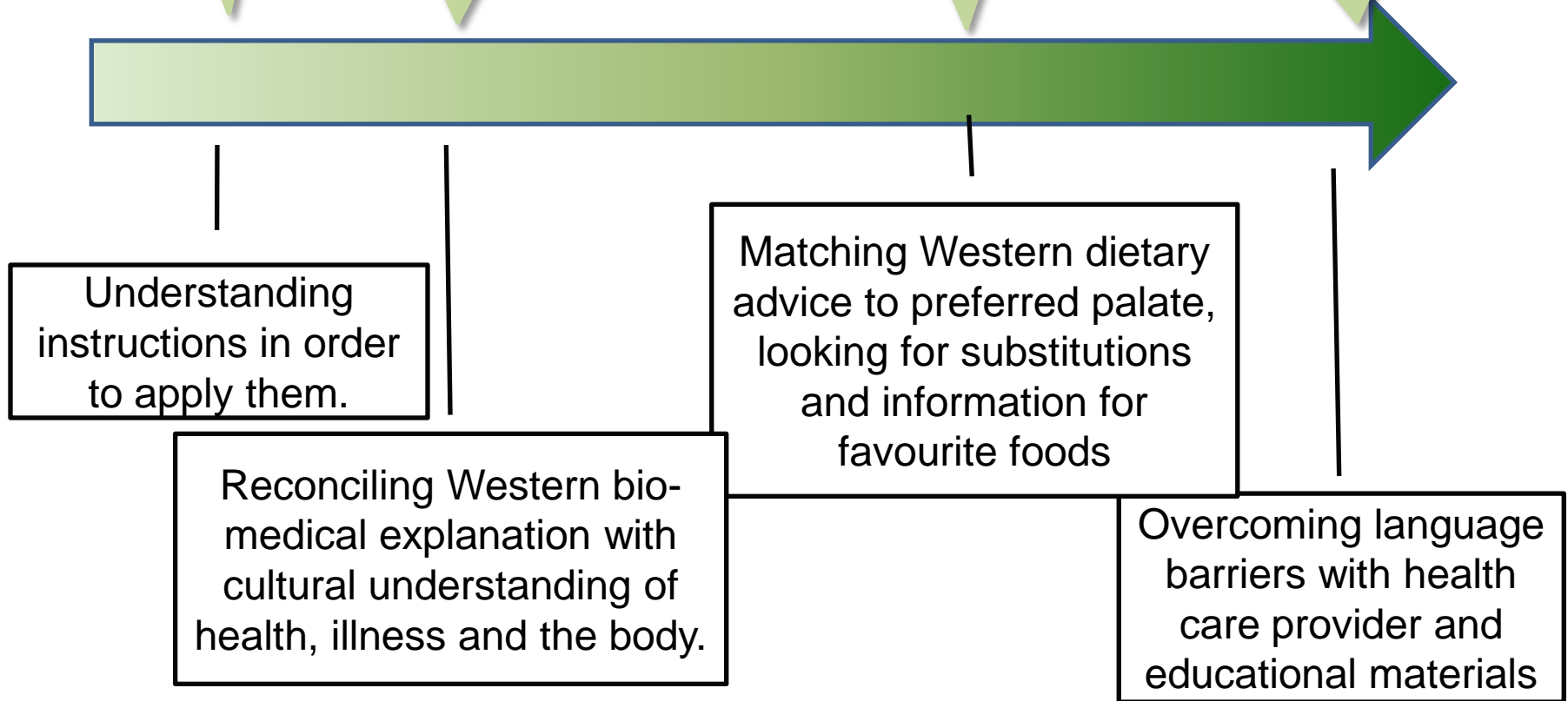
Heo et al, 2009

"I feel that eating like that with no or salt, you may be lacking certain nutrients. You are not well balanced"

Chesla, Chun & Kwan, 2009

"In Punjabi we can ask something in full. We can ask questions in full, what is this, what is that, what isn't it. In English we don't always understand everything"

Galdas & Kang, 2010



Conclusions



- Healthy eating is not simply a matter of:
 1. Understanding what should/should not be eaten
 2. Making rational decisions to apply this knowledge

Conclusions (cont.)

- Important to consider cultural *and* personal contexts that challenge diet or lifestyle modification.
 - E.g. While diabetic patients from the same ethnic or cultural group may face some similar challenges, their individual experiences will be unique.
- Multiple vulnerabilities will interact to create special dietary challenges, as well as to magnify typical ones

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