Focusing on the Audience

Using Language to Enhance Participation and Understanding

1. Say “people with diabetes,” instead of “diabetics.” People are much more than just the condition they have.

2. Use and define medical terms participants need to know, like the name of the hemoglobin A1c test. This might seem like an overly technical term, but it’s an important one for them to know and use.

3. Use familiar terms for food groups, nutrients, and other things related to everyday life. (An example: say “chicken,” instead of “poultry.”) This makes the subject matter seem more friendly and personal and helps participants feel confident about making positive changes.

4. Allow lots of time for participants to ask questions and to share their own concerns and experiences.

5. Because the frequency of diabetes increases as people get older, expect that most of your participants will be older adults. If you create handouts or other materials for participants to take home, make sure the text is large (14 point at least) and readable.

6. Be sure to mention credentials. Because diabetes is a human health issue, it’s important that participants and others (potential partners, media representatives) know about the qualifications of the curriculum developers and the instructors.

About the name of the program and the logo

When we developed the name and logo, we focused on creating a positive, encouraging image for the program.

The name emphasizes the client’s ability to act to control his or her condition, which captures the basic educational message underlying the program. It starts with verbs, do and be, to emphasize action. It also focuses on the client’s experience—what life is like as a result of the program—rather than the specific things he or she must do. The word diabetes comes at the end, to reinforce the idea that the person is more important than the condition. Embedded in the name is the encouraging message, “If you do well, you can be well.”

The logo features the butterfly to represent positive changes and new beginnings. The type and colors are crisp, bright, and friendly to present an approachable, encouraging image.

Prepared by
Elizabeth Gregory,
Extension Communications Specialist,
Texas Cooperative Extension.
Understanding the Audience
What We Learned from the Pilot and Other Sources

Demographics
Participants in this program will tend to be:

✦ Lower-middle to low income (NEAFCS 2000*)
✦ Retired, fixed income (Pilot)
✦ Primarily high-school and some college education (NEAFCS 2000*)
✦ Medium-low to low literacy (Pilot)
✦ Ages 40 and above (predominantly over 50) (Pilot)
✦ Pilot took place in primarily rural counties (but included Taylor and Tom Green Counties)

Impressions (CDC)
People who have been recently diagnosed with diabetes tend to feel:

✦ fear of death, blindness, amputation, high blood pressure, heart attack, stroke, self-administered injections
✦ confusion about exactly what the condition means and how it should be managed
✦ denial, worry, disbelief, depression, anger, sadness, self-reproach
✦ concern about being different, embarrassment, fear of offending hosts because they can’t eat what is served
✦ hopelessness
✦ worry about losing ability to care for loved ones
✦ loss of previous lifestyle, loss of pleasures of food, eating, and social events
✦ concern about costs of new food choices, medications, and testing supplies
✦ lack of confidence in ability to make required lifestyle changes
**What did you like most? (Pilot, n=106)**

People who participated in the pilot program liked:

- Quality of information, comprehensiveness of information, opportunity to have questions answered (43)
- Interpersonal relations, caring instructors, opportunities to know and share with others with diabetes (15)
- Classes were easy to understand, information was presented clearly and sensitively (6)
- Quality of instruction, professional expertise of presenters and guest speakers (5)
- Logistics: time classes were offered, location, offering doorprizes, meals (4)
- Everything (12)

**How did you hear about the program? (Pilot, n=106)**

People who participated in the pilot learned about the program through:

- Newspaper (65)
- Other (15)
- Radio (10)
- Doctor (5)
- Hospital (2)

“Other” responses

- Extension employee
- class
- church
- clinic
- friend
- letter/paycheck insert
- personnel department
- senior center
- support group

Appendix. More Background on Different Audiences

Focus Group Results from CDC Diabetes Prevention Marketing Study

From:

Perceptions about diabetes among African American populations

**Literature review and expert interview findings**

- The idea of preventive health measures (acting now to prevent a future problem) can run counter to a “strong sense of the present” that is part of the culture for many African Americans (Anderson, et al., 1991).

- A cultural acceptance of overweight may result from, and perhaps contribute to, the prevalence of obesity among older women (Kumanyika and Ewart, 1990).

- In one study, family and friends’ support for treatment plans was a positive force for women, but decreased the likelihood of adherence to plans for men (Uzoma and Feldman, 1989).

- Younger people tend to be less open about diabetes than older people, who have more peers with the disease (Reid, 1992).

- Older people with diabetes tend to rely less on folk and popular sectors of the health care system and more on professional care than do younger people (Reid, 1992).

- One study showed that older patients with higher levels of self-efficacy were most likely to adhere to an insulin regimen (Uzoma and Feldman, 1989).
Focus group findings
Six groups were conducted with African American men and women in Chicago, Houston, and Ashburn (Georgia). These were among the themes expressed by these groups.

- No one felt prepared for the life changes that followed the diagnosis of diabetes.
- Participants attributed the high incidence of diabetes to stress in the community, lack of information, a preponderance of other serious illnesses, and dietary preferences. Some participants described a perception of stress related to social ills, citing crime, being laid off work, lack of transportation, lack of resources, AIDS, racism, and lack of communication between family members.
- Participants in all groups expressed concerns about the financial burden of diabetes. Many participants voiced appreciation for health care providers who were flexible about payment for services.
- Many sources of information were mentioned, including print material from health care providers (hospitals, clinics, doctors, dietitians); workshops, classes, and other presentations at hospitals and clinics; and the American Diabetes Association. In general, participants were satisfied with the information they receive, but said that it needs to be disseminated more widely among young adults.
- Participants did not express a strong preference for African American health care providers, but some said that providers’ knowledge of the cultural significance of diet would be useful.
- Several participants said that diabetes does not get the same attention within the African American community as do cancer, high blood pressure, and stroke.

Perceptions about diabetes among Hispanic/Latino populations

Literature review and expert interview findings
- Illness results from disharmony in the body (Reinert, 1986; Zaldivar and Smolowitz, 1994).
- Illness is usually seen as a state of discomfort. The absence of symptoms for early diabetes therefore makes it less of a concern (Reinert, 1986).
- Disease, pain, and suffering are viewed as determined by God and therefore are to be endured as punishment for wrongdoing. Long-term illness is part of one’s destiny and is to be endured stoically (Adams, Briones, and Rentfro, 1992; Hall, 1986; Hendricks and Hass, 1991; Martinez, 1993; Reinert, 1986; Schwab, Meyer, and Merrell, 1994; Zaldivar and Smolowitz, 1994).
- There is a strong correlation between low socioeconomic status, limited
acculturation, old age, and belief in folk medicine (Reinert, 1986).

- There is some use of herbalists (yerberos) and masseuses (sobaderos) for treating diabetes (Adams, Briones, and Rentfro, 1992; Reinert, 1986; Zonszein, 1993).

- Diabetes is believed to be caused by too much sweet food and accumulated sugar in the blood, an inherited condition related to being overweight, the cumulative effect of interacting experiences since childhood (including stress), and sugar-thickened blood that interferes with circulation (Zaldivar, 1994).

- In Hispanic/Latino families, women make the decision about when to turn to outside help (Davidson, 1991; Reinert, 1986).

- To some, insulin is a last resort. They believe that, if they need insulin, they are going to die soon or lose their eyesight (Davidson, 1991).

- Exercise is associated with expensive health clubs, the work of lower classes, or both. It is not believed to have therapeutic benefits and is seen as appropriate principally for men and young people (Hall, 1986; Urdaneta and Krehbiel, 1989).

**Focus group findings**

Six groups were conducted (in Spanish) in Los Angeles and New York City with Hispanic/Latino men and women originally from Mexico, Puerto Rico, Central America, and the Dominican Republic. The following are examples of themes that were expressed by these focus groups.

- Several participants said they typically forgo buying needed medication, glucose testing strips, or both until they can afford them or a family member buys them.

- Among male participants’ concerns about the complications of diabetes, one of the most important is the fear of sexual dysfunction. Many admitted that their experience with impotence negatively affected their self-esteem.

- Some participants said they believe that the onset of diabetes results from a strong emotional reaction to a good or bad event (e.g., winning the lottery, being robbed, witnessing a suicide).

- Some participants said they feel inhibited about asking their physicians diabetes-related questions because they feel ashamed of taking up too much of the doctors’ time and are afraid that the doctors will become angry.

- Most participants said that their community offers them little support in managing their diabetes.
Perceptions about diabetes among Asian American populations

Literature review and expert interview findings
There was little specific information about diabetes, but findings about general health beliefs were striking.

- The hot/cold, male/female (or yin/yang) system concerning foods and illness is influential (Hawthorne, Meool, and Tomlinson, 1993; Randall-David, 1989).

- The hope for cures can take precedence over acceptance of long-term management (Burden, Samanta, and Rahman, 1988).

- There is some use of amulets and religious papers to ward off evil and as medications (Hawthorne, Meool, and Tomlinson, 1993).

- A reluctance to obtain help for “minor” problems and a stoic attitude about symptoms exist (Hendricks and Hass, 1991).

- Some believe that Western medications are too strong for small bodies, so some patients adjust dosages at times (Waxler-Morrison, Anderson, and Richardson, 1990).

- Some believe that, once symptoms are relieved, medication can be discontinued (Hendricks and Hass, 1991; Waxler-Morrison, Anderson, and Richardson, 1990).

- In some cultures (e.g., Asian Indian), treatment may be withheld from a young woman or her condition may be concealed so as not to impede her ability to find a suitable husband (Burden, Samanta, and Rahman, 1988).

- Deference is shown to health care providers. Patients may withhold questions out of concern that they might imply that a practitioner lacks expertise (Kittler and Sucher, 1990).

Focus group findings
Six groups were conducted with Asian participants. In Los Angeles, groups were convened with Korean men and women (and conducted in Korean) as well as with Filipino (in Tagalog) and Vietnamese (in Vietnamese) men and women. Two groups were conducted with Chinese participants in New York (one in Mandarin and one in Cantonese). Some common themes voiced in the focus groups included the following.

- Women were concerned about injections.

- Some believed that doctors try to control patients by doling out information a little at a time and discounting the value of non-Western treatment.

- Participants said that diabetes is caused by a combination of factors, including intense emotional stress, consumption of sweets, and hereditary disposition.

- Participants said that illness is more manageable if the mind is peaceful and positive.

- Participants were very worried that their illness would make them dependent on others.
Perceptions about diabetes among American Indian populations

Literature review and expert interview findings


- Persons who get involved in the white man’s world are thought to be more susceptible to diabetes (Hagey, 1984).

- Diabetes can be caused, many think, by a buildup of sugar, family stress, being overweight, genetics, drinking alcohol, lack of fresh food, and not living right (Lang, 1989; Newman, 1993).

- Diabetes is often considered a fact of life. Attitudes are often fatalistic (Doughty, 1994; Hagey, 1984).

- Diabetes is viewed by some as a lack of spiritual strength that must be resolved by individuals. Punishment and stigmatization may occur (Hagey, 1984; Judkins, 1978).

- Native healing rituals or treatment are sometimes sought for relief (Lang, 1989; Newman, 1993).

Focus group findings

We conducted nine groups with American Indian men and women in Minneapolis and at tribal reservations in Montana and Wyoming. The following findings are from our transcripts of the groups, which provide a record of similarities and differences among participants at different reservations and between men and women.

- Many participants expressed intense feelings of shame about having diabetes. They felt that they would be stigmatized in their communities if other people found out. This perception seemed quite prevalent among the men.

- Some of the women who lived on a reservation bemoaned the fact that, although one of the best ways for them to exercise is walking, they fear attack from stray dogs.

- Although participants want to follow a diet regimen that will help control their diabetes, they said that foods such as fresh fruits and vegetables and leaner cuts of meat are not affordable. Government commodities—often high in fat and sugars—constitute a significant portion of their diet.

- Some participants expressed a longing for continuity in their health care. They said that, through the Indian Health Service, they may see a particular doctor only once or twice and are unable to establish a longer-term relationship.
Some participants who use nontraditional treatment methods for diabetes said that they rarely tell their doctors for fear of being ridiculed. Others do not share the information with doctors because the methods are considered sacred.

References


