Title: Improving Diabetes Education for the Lao Community - A Culturally Tailored Approach

Abstract: I grew up in a predominantly Lao American community whereby young children served as the bridge between their non-English speaking parents and the community around them. I too was given this responsibility at a young age. This role not only made me realize the importance of communication but also allowed me to see first hand the language and cultural barriers that prevent one from receiving adequate health care and the consequent mistrust that has developed in the Lao American community of health care providers and western approach to medicine. This mistrust has negatively impacted the way in which they have managed their health - this is the case with diabetes. Diabetes is one of the most common diseases amongst the Lao population yet it is the most poorly understood amongst the diseases and is a constant challenge to manage.

Being a part of both the Lao and health care communities, I feel that I have been given the opportunity to see and understand the concerns of both parties. With this vantage point, I would like to create a diabetes education video for the Lao Community. The video will address the important aspects of diabetes education and management, as well as incorporate the Lao cultural values, beliefs, and way of living. By doing so, I hope to not only create an ISP project that bridges the communication and cultural barriers that exist between the Lao Community and health care providers but also enhances the understanding and management of Diabetes in the Lao population.

Background:

Laos is a small landlocked country in Southeast Asia that contains many different ethnic groups, all of which have their own language, history, and culture. The term "Laotian" is used to describe any of these ethnic groups from Laos. The term "Lao" is used to describe the Lowland Lao, a dominant ethnic group in Laos. While the majority of the Lao population still resides in Laos, mass migration due to the Communist overthrow of the country in 1975 has given rise to Lao populations in countries such as Thailand, the United States, Canada, and Australia. In the United States the total Lao population totals 198,203, a 13% increase in the past decade. The majority of the Lao population is spread out amongst five states, California, Texas, Minnesota, Washington, and North Carolina, listed from highest to lowest respectively.

Living in the United States presented many changes to the normal living styles of the Lao population. Lao immigrants were predominantly rural farm workers with very little or no educational background. Their diet in Laos did not contain processed foods or foods with high saturated fat content. With acculturation to the Western lifestyle in conjunction with a more sedentary lifestyle and a diet more rich in saturated fats, diabetes is becoming a prevailing issue in the community. Despite this however, the Lao community has variable understanding of the cause, management, and prevention of diabetes.

Unlike the general population, addressing diabetes in the Lao community presents its own challenges. With 31% of Laotian households being "linguistically isolated" - defined as household members greater than 14 years of age having difficulty with the English language - and 22.7% of Laotian adults not receiving any formal schooling, language and communication is an important barrier that needs to be addressed. The other challenge is understanding Lao cultural values and beliefs with
respect to social norms. The first and probably most important is the social hierarchy that exists in the Lao culture, authority comes with seniority and social status as defined by the social hierarchy. It is culturally unacceptable (and considered very rude) for a person of a younger generation to challenge their elders and to speak to them without proper etiquette. The second is that of responsibility and decision-making. Responsibility and decision-making in the community follows the same hierarchy. In every Lao community, there is usually a small group of community elders (usually male) that make a collective decision for the community. They have a great influence on how the Lao community will respond to any changes or information that can affect the community. In order to navigate and obtain cooperation from the Lao community, a working relationship with the elders of the community is a must. Lastly, although Lao society is moving away from its patriarchal roots, men are still more highly regarded when it comes to making decisions for the family and the community. Being a young Lao female without much status these are all factors I must consider when beginning my project.

Using video as an educational tool to reach non-English speaking patients is not a new means of teaching. A pilot study was done in a Mexican-American community whereby a diabetes education videotape was shown to Spanish-speaking diabetic patients. The results demonstrated not only the community’s receptiveness to the video as a teaching tool but also an increase in their knowledge of diabetes. Because the predominant mode of communication in the Lao community is via word of mouth, media outlets such as radio and television programs are widely popular. Hence, having an educational tool capable of being used via these outlets will maximize the number of Lao people reached. In addition, a video that features Lao community leaders, cultural beliefs, and is in the Lao language will increase the likelihood of it being an acceptable teaching tool in the community. With these considerations, I am hopeful that the Lao Diabetes education video will not only become an important learning resource but also a source of pride for the Lao community.

Definition:

1) What are the goals of this project?
   1. Assess the knowledge of the Lao community about Diabetes.
   2. Develop a culturally tailored Diabetes Education video for the Lao Community.
   3. Enhance the understanding of the cause, management, and treatment of Diabetes in the Lao Community.

2) What is innovative about the project?

An overwhelming percentage of the Lao population live with Diabetes but many do not know how to manage it, resulting in frequent visits to their primary care physicians for complications associated with diabetes. Despite the countless diabetes education materials available, there are very few if any education materials that are culturally tailored for the Lao community. This project will not only focus on creating an education video that includes the important factors needed in proper diabetes management but will also do so by incorporating Lao culture, diet, and living styles. In addition, the video content will be in the Lao language, feature key Lao community leaders, and will address the concerns regarding diabetes that Lao patients might have with a question and answer section. What makes this project innovative is that the main contributors to the video will be members of the Lao community itself. Hence, this video will not only be for the Lao community but by the Lao community.
3) How is the project relevant to a career in medicine?

As a student interested in Family Medicine, this project will greatly benefit my goals of working in an underserved population, giving back to my community, and my interest in preventative medicine. Having grown up in a community where the health disparities were evident due to the cultural and language barriers, I know this is an area I need to focus on alleviating as a future physician. In addition to fulfilling my goals as a physician, this project also addresses another factor I consider very important in the field of medicine. That is, in order to treat one’s medical condition, we must acknowledge, understand, and address the other confounding factors that play a role in a patient's wellbeing . . . their traditional culture and beliefs, their daily habits, and their everyday limitations.

From a public health standpoint, Diabetes is a health condition that affects many Southeast Asian patients and has the most variability when it comes to patient’s understanding of it’s cause, management, and treatment. Therefore, learning about it, teaching it, and presenting it in a way that patients can understand will be of great benefit to the community and myself.

4) What is the student’s role and time commitment to the project?

I hope to begin the first phase of my project, creating the educational video, in mid-August of 2010 and complete the first version of the video by November 2010. In the initial step, I will work with my committee members to design a video layout that addresses the important aspects of Diabetes education. I then will work with the Lao community health professionals and community leaders to incorporate important Lao cultural values/habits into the education video as well as converting the video content into the Lao language. Once the initial version of the video is completed it will be shown to committee members and a focus group from the Lao community for feedback. I hope to make the final changes to the video and complete the final version in December 2010.

I hope to begin the second phase of my project, testing the efficacy of the video, in January of 2011. This phase will consist of two parts. The first part is to create a pre- and post- test to assess the knowledge of the participants about Diabetes before and after viewing the video. The second part will be to show the video to the Lao community and assess the effectiveness of the video via the pre- and post-test. Results of the questionnaires will also be summarized in a report. I hope to complete this phase by the end of February 2011.

Methods:

PHASE 1: DEVELOPMENT OF DIABETES VIDEO

Step 1: Define topics to be included in education video.
   - Meet with committee members to develop video layout and content of video

Step 2: Topic Research
   - Come up with content of video
   - Research content topics

Step 3: Cultural Integration
- Meet with Lao community leaders/health professionals to discuss ways to integrate cultural customs, beliefs and values into video

Step 4: Finalize Video Layout
- Have video content approved by committee members and Lao community leaders/health professionals

Step 5: Video Production
- Begin filming
- Edit/finalize

Step 6: Feedback & Finalize
- Show video to committee members/Lao community contributors
- Make edits to final version of video

PHASE 2: IMPLEMENTATION

Step 1: Questionnaires
- Come up with pre- and post-questions to assess participants understanding of Diabetes
- Have questionnaire approved by committee members

Step 3: Implementation
- Choose location for video showing
- Give pre-questionnaire
- Show video to Lao audience
- Give post-questionnaire

Step 2: Analyze
- Analyze data from pre- and post-questionnaire

Step 4: Copy and Distribute
- Distribute video in form of DVDs to Lao community health workers, Lao media outlets

Evaluation:
The project will be evaluated by committee members every step of the way. Committee members will assist in the development of the video content to assure validity of information. Lao health professionals/community leaders will assist with the incorporation of Lao cultural values and beliefs into the lesson plans in addition to helping to ensure the accuracy of the translation of materials from English to Lao. The video will be reviewed by committee members and then made available to community clinics, organizations, and members so that Diabetes education can be widespread. The success of the project will be judged on participants' overall satisfaction with the video and understanding of Diabetes before and after viewing the video with a mean post-test score of at least 75%.
References:


