Exploring Equity and Syndemics in Diabetes Mellitus (Type 2) Management of Non-Status Women of African, Caribbean, Latin American and South Asian Descent Living in the Greater Toronto Area and Surrounding Municipalities.

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Context of this study

- A Community Research Trainee initiative supported by Research Interest Group '*Socio-Ecological Strategies for Chronic Disease Prevention & Management,* Ryerson University & Centre for Urban Health Initiatives - University of Toronto.
- Research mentors: Dr. Margareth Zanchetta and Dr. Enza Gucciardi.
- Year: 2008-2009

Phenomenon Background

- Women of African, Caribbean, Latin American and South Asian descent are at higher risk of developing T2DM and related complications.
- Successful management depends on equitable and adequate access to food, health care, medicine, and blood glucose monitoring supplies.
- The barriers faced by undocumented women to fully access to health care services seem to be closely linked to citizenship and immigration status.
- To date the nature of such barriers and their influence on T2DM self-management remain poorly identified.

Purpose

- Explore current experiences and practices of self-management surrounding the issues of equity in accessing health services and T2DM self-management in this population.

Method

- An exploratory qualitative study.
- Ryerson University Research Board approved the project.
- Recruitment: Direct personal contact by health care professionals from 4 community health centres in the Greater Toronto Area and surrounding municipalities.
- Sampling: purposive sampling
- Criteria of inclusion: any age, any civil status, non-immigration status, ethno-cultural African, Caribbean, Latin American and South Asian descent.
- Participants: 11 women (0 African, 10 Caribbean, 0 Latin American, 1 South Asian); average 50 years old, and 10 years of stay in Canada.

Method

- Data collection: 7 individual interviews and 1 focus group conducted in the CHCs (Summer/Fall 2009) explored:
  1. Facilitators and barriers faced for T2DM self-management,
  2. Methods used to overcome barriers to do so
  3. Recommendations for services to become more inclusive and supportive to women's struggles to self-manage the disease.
- Sessions were digitally audio recorded and then transcribed. NVIVO 8 qualitative software is supporting coding procedures.
- First level analysis is in progress.
- Thematic analysis will guide the further analytical procedures. Themes to be identified.

Preliminary Findings

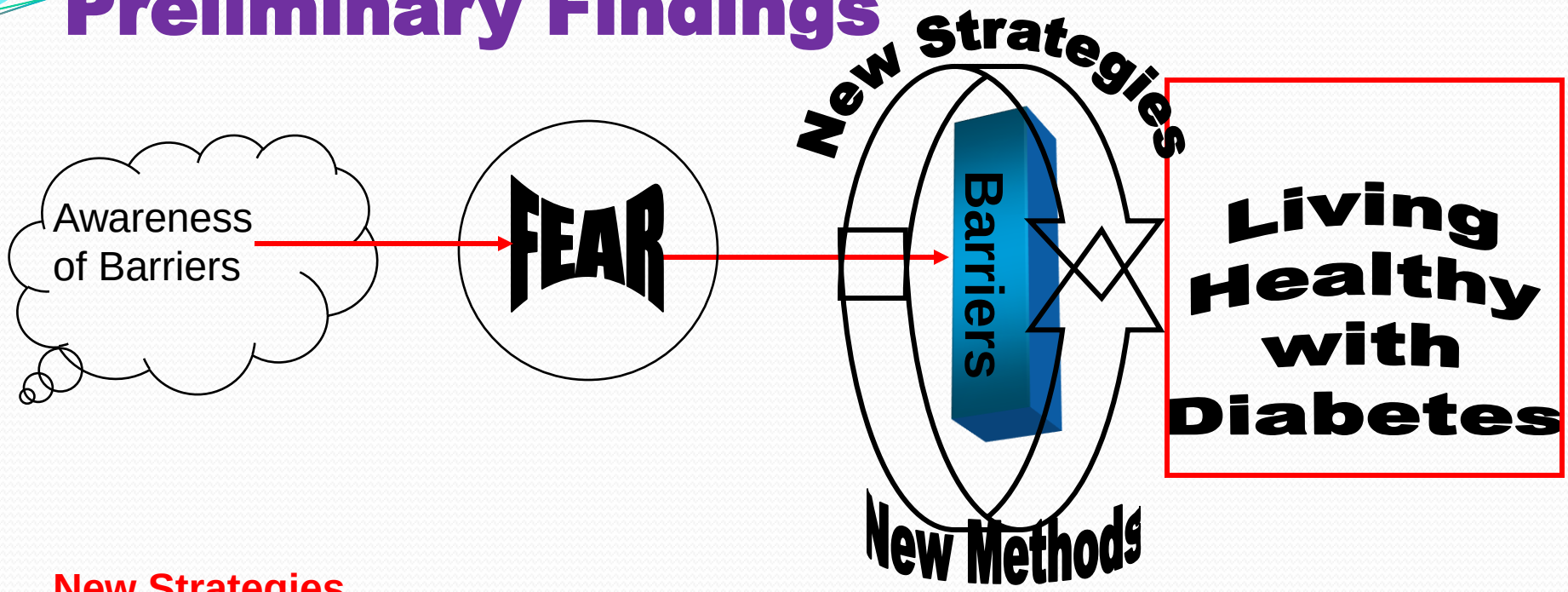
Barriers:

- No identification documents
- No/Low income
- Rarely anyone to depend on
- Some have dependents back home

As a result:

- Limited access to food
- Limited access to housing
- Limited access to medication
- Limited access to testing strips
- Limited access to specialized health care

Preliminary Findings



New Strategies

- Accessing food banks that do not have strict identification requirements
- Accessing meds from drug company donations to community health centers
- Accessing CHCs with limited fund for providing health care to uninsured.

New Methods

- SBGM by symptoms rather than strips
- Exercising when cannot afford meds

Potential Strategies for an Equitable Policy Development

- Develop partnership between community health centers and pharmaceutical companies for non-insured supplies.
- Develop partnership between community health centers and food banks to supply food to non-insured.
- Protect Worker's Rights through development of occupational health programs.
- Immigration lawyers develop "Don't Ask Don't Tell" policies to protect non-insured.
- Collect donated clothing at community health centers for non-insured.
- Advocate for increased non-insured budget given to community health centers and hospitals to cover lab tests, specialized health care and hospital beds.

Thank - You

- Questions / Comments?