TRANSLATING DIABETES

How Storytelling, Culture, and Communication Can Improve Health Outcomes

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My story has two sides

Healthcare experience—and lived experience with Type 2 diabetes.

The professional side

Nearly 30 years in healthcare

Medical Information experience

Health education and community outreach

Years of explaining medications, disease states, and health decisions

The lived-experience side

More than 20 years living with Type 2 diabetes

I have seen numbers I did not like.

I have had to restart routines.

I know the difference between receiving information and being able to use it.

The most useful diabetes message is the one a person can actually carry into real life.

Information isn’t the same as understanding

CLINICAL INFORMATION → **PERSONAL MEANING** → **USABLE ACTION**

A1C. Carbohydrates. Adherence. Risk reduction. Complications.

All clinically useful terms—but they only change outcomes when people understand what they mean for dinner tonight, the family budget, work, stress, faith, and daily routines.

Why diabetes messages get lost

Language

Words can be technically correct and still feel foreign.

Culture

Food, family roles, beliefs, and traditions shape health decisions.

Trust

People filter advice through prior experiences with healthcare.

Resources

Time, money, transportation, food access, and work schedules matter.

Emotion

Shame, fear, frustration, and burnout can block learning.

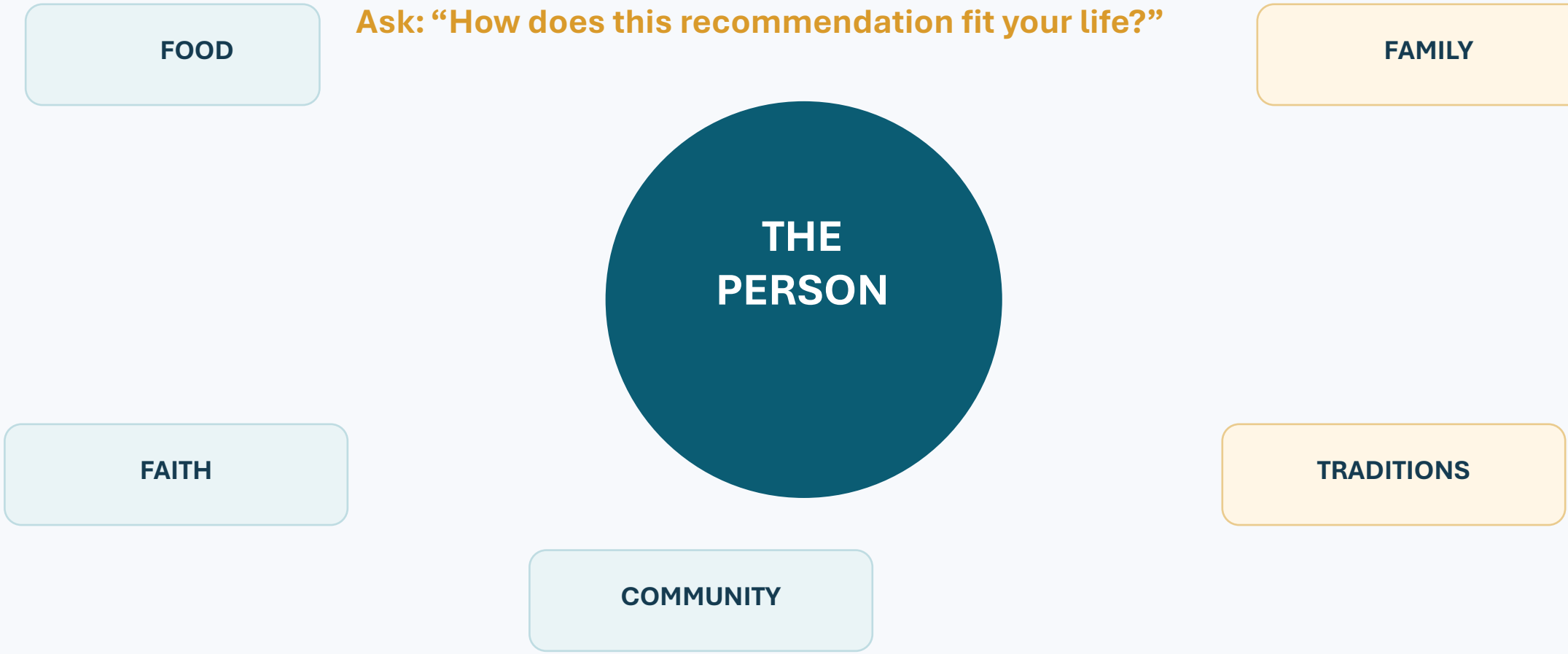
Relevance

Generic advice often fails when it does not fit the person’s life.

Culture changes the conversation

Culture is not a checkbox—it is part of the context in which health decisions happen.

Ask: “How does this recommendation fit your life?”



North Carolina is not one audience

Effective communication changes when place, language, generation, resources, and community context change.

RURAL COMMUNITIES

Traditions, access, transportation, food availability, and local relationships can shape how diabetes advice lands.

URBAN DIVERSITY

A single message may reach people with very different languages, cultures, experiences, and levels of trust.

GENERATIONAL PERSPECTIVES

Beliefs about food, medicine, technology, family roles, and diabetes itself can differ across generations.

The question is not: “What message did we send?” It is: “What message did this community receive?”

Adapted from the provided source deck: Culture & Health - Diversity in North Carolina.

Before there were slides, there were stories

Story has long been a way communities carry experience, meaning, warning, faith, and wisdom.

FAMILY

FAITH

FOOD

SURVIVAL

WISDOM

IDENTITY

Why wouldn’t we use that same human way of communicating when we talk about diabetes?

Cultural responsiveness means asking about a person’s story—not assuming it from race or ethnicity.

Storytelling is cultural—and it can be clinically useful

Narrative approaches have been studied in diabetes education with Black and Hispanic/Latino communities.

African American diabetes education

A diabetes empowerment program used film, personal storytelling and role-play. Personal storytelling was explicitly connected to the African American oral tradition of “testifying” or “witnessing.”

Hispanic/Latino diabetes self-management

A 451-person randomized trial tested four Spanish-language diabetes stories. The intervention was highly acceptable and produced a modest adjusted improvement in A1C at 3 months.

Stories do not replace science. They can help science become recognizable, memorable, and usable.

Sources: Goddu et al., Patient Educ Couns. 2015 (PMC4492448); Wieland et al., JAMA Netw Open. 2024;7:e2424781.

From information to identification

People may know the recommendation and still need to see how it can fit a real life.

INFORMATION

“People with diabetes should engage in regular physical activity.”

STORY

“I thought exercise meant an hour at the gym. Then I started with a 10-minute walk after dinner—and that was something I could repeat.”

Information tells me what to do. A relatable story can help me imagine myself doing it.

Ask for the story before giving the solution

The patient's story is data: it can reveal the context behind the number.

Instead of: "Why aren't you following the diet?"	**Ask: "Tell me what dinner usually looks like at your house."**
Instead of: "Are you compliant with your medication?"	**Ask: "Walk me through what happens with your medicines on a normal day."**
Instead of: "You need to exercise more."	**Ask: "What kind of movement has actually fit into your life before?"**
Instead of correcting a belief immediately	**Ask: "What have you heard about diabetes in your family or community?"**

The numbers tell you WHAT is happening. The story can help you understand WHY.

From judgment to curiosity

JUDGMENT

“Why aren’t you compliant?”

“You need to do better.”

“You know what you’re supposed to do.”

CURIOSITY

“What’s getting in the way?”

“What feels realistic right now?”

“What has worked for you before?”

Translate, don’t lecture

Instead of…	Try…
“Improve glycemic control.”	“Let’s look for one change that could make your blood sugar steadier.”
“Reduce carbohydrate intake.”	“Which foods raise your blood sugar most—and what could you pair or portion differently?”
“Increase physical activity.”	“Where could 10 minutes of movement realistically fit into your day?”
“Be compliant.”	“What part of this plan feels hardest to follow?”

Consistency beats perfection

PERFECTION

ALL OR NOTHING

↓

ONE “BAD” DAY

↓

“I FAILED”

↓

START OVER



CONSISTENCY

SMALL ACTION

↓

LEARN FROM THE NUMBER

↓

MAKE THE NEXT DECISION

↓

KEEP GOING

Traditional foods are not the enemy

The goal is not to erase culture from the plate—it is to make the plate work better for the person.

1. Start with respect

Ask what foods matter to the person and family.

Avoid labeling cultural foods as “bad.”

2. Explore the pattern

Look at portions, preparation, frequency, beverages, and what foods are eaten together.

3. Adapt—not erase

Find realistic changes that preserve enjoyment, identity, affordability, and family connection.

Better question: “How can we make this meal work for your blood sugar?”

Diabetes communication happens beyond the clinic

Trusted community channels can carry health messages farther than a handout ever will.

FAITH COMMUNITIES

Churches and faith leaders can create familiar spaces for conversation, testimony, support, and prevention.

LANGUAGE-SPECIFIC MEDIA

Radio, podcasts, community media, and bilingual resources can meet people in the language they actually use.

PEER VOICES

People living with diabetes can model practical strategies in a way that feels credible, relatable, and possible.

Go where trust already lives.

Adapted from the provided source deck: Real-World Examples from North Carolina.

Communication can become generational health



A message that fits one person's life can influence what a family cooks, talks about, models, and expects from health.

Community voices belong upstream

Do not wait until the program is finished to ask whether it fits the people it was designed to serve.

1

LISTEN

Invite people to describe their experiences.

2

CO-DESIGN

Work with faith leaders, organizations, and schools to spread diabetes awareness

3

PARTNER

Encourage neighbors to tell their stories and guide program development.

4

ADJUST

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Culturally responsive communication is something we build WITH communities, not FOR them.

Adapted from the provided source deck: Engaging Community Voices.

What can you do Monday morning?

ASK	Ask one more question before giving advice.
TRANSLATE	Turn one clinical phrase into everyday language.
CONNECT	Use a short story or example that reflects real life.
ADAPT	Build the recommendation around culture, resources, and routine.
FOLLOW UP	Ask what happened—not simply whether the person complied.

Three things to remember

1. Context before correction

Before correcting behavior, understand the person's culture, resources, beliefs, stressors, and routines.

2. Connection before instruction

People are more likely to engage when they feel heard, respected, and represented in the conversation.

3. Consistency before perfection

Help people identify a realistic next action they can repeat—not an ideal plan they cannot sustain.

Good communication is not "soft." It is part of the intervention.

Change the message. Change the story.

> **When people can understand, trust, and use the message, we are not only helping one person manage diabetes—we may be helping a family change its health story.**
>
> *Keith Hersey, PharmD*

Thank you

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Thank you for being part of the conversation.

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