

# Family Member Involvement in Older Adults' Diabetes Management: Considerations for Healthy Aging

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# Why Type 2 Diabetes?

- A growing public health concern

1 in 4 older adults has diabetes (CDC)

- A threat to healthy aging (e.g., Kirkman et al., 2012)

- Management is difficult, nonadherence is **common** (Beverly et al., 2008; Broadbent et al., 2011)

- Family members are involved in adherence to self-management behaviors (Wiebe et al., 2016)

- My research focus = *The role of family and friends in helping and hindering diabetes self-management*



# Social Relationships and Health

- Social relationships contribute to multiple aspects of health

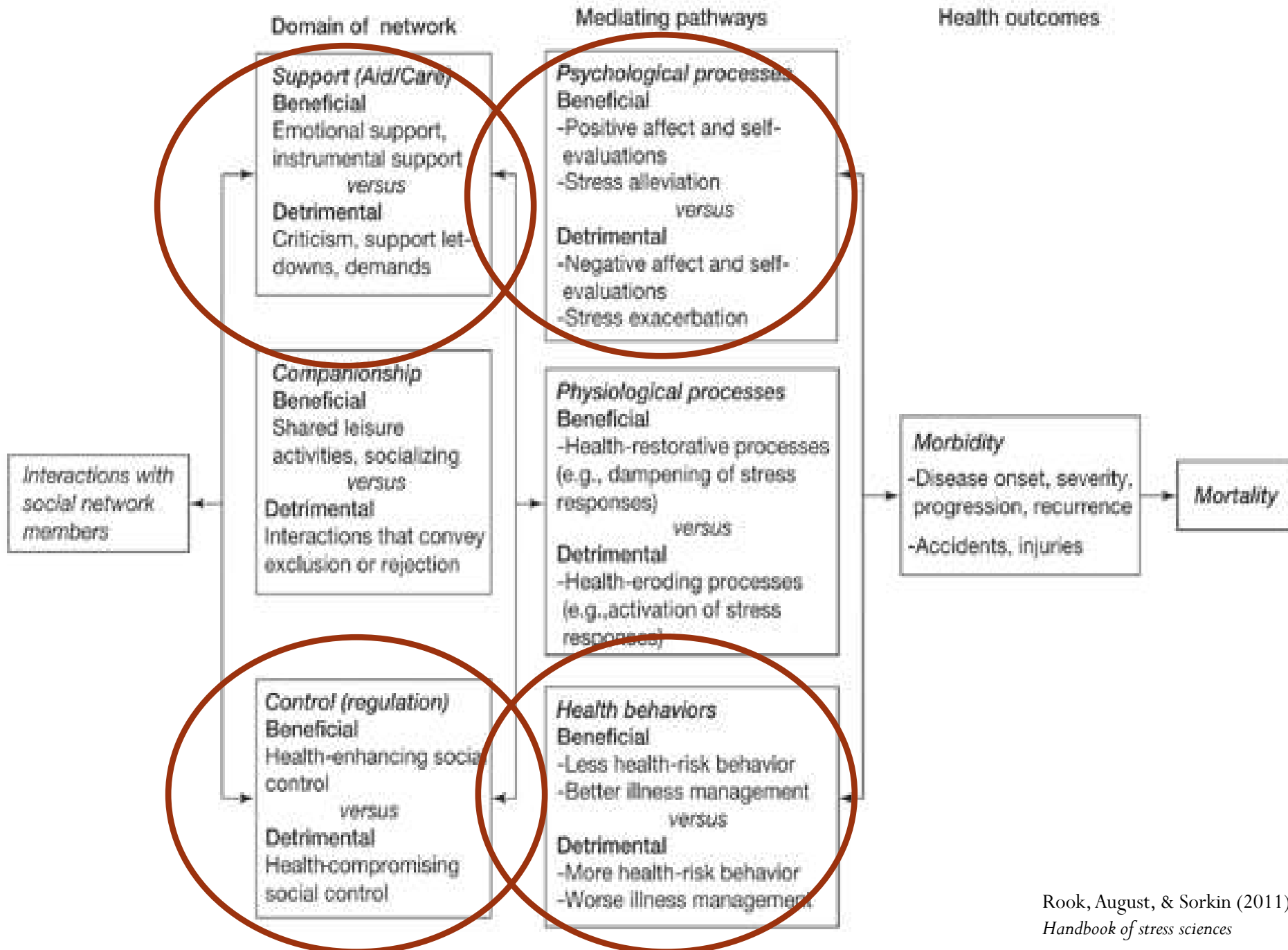
↑ Healthy behaviors, positive physiological responses, better illness-related outcomes

↓ Disease onset and progression, mortality









- Evidence is strong
  - Different methods
  - Humans and animals





# Family Member Involvement in Diabetes Management

<i>Health-Promoting Involvement</i>	Support	Control (positive & negative strategies)
<b>Definition</b>	Provision of <i>encouragement and positive feedback</i> on health behaviors	Efforts to <i>monitor and influence</i> health behaviors
<b>Behavioral goals</b>	Shared	Not shared
<b>Patients' engagement in positive health behaviors</b>		
<b>Welcome</b>		
<b>Affirming</b>		

**BUT...** Family members can also detract from adherence (*health-related undermining*).

# Methodology

- **Participants\***

- Patients with type 2 diabetes
  - Community samples
  - Patients at primary care/endocrinology offices
- Spouses of patients

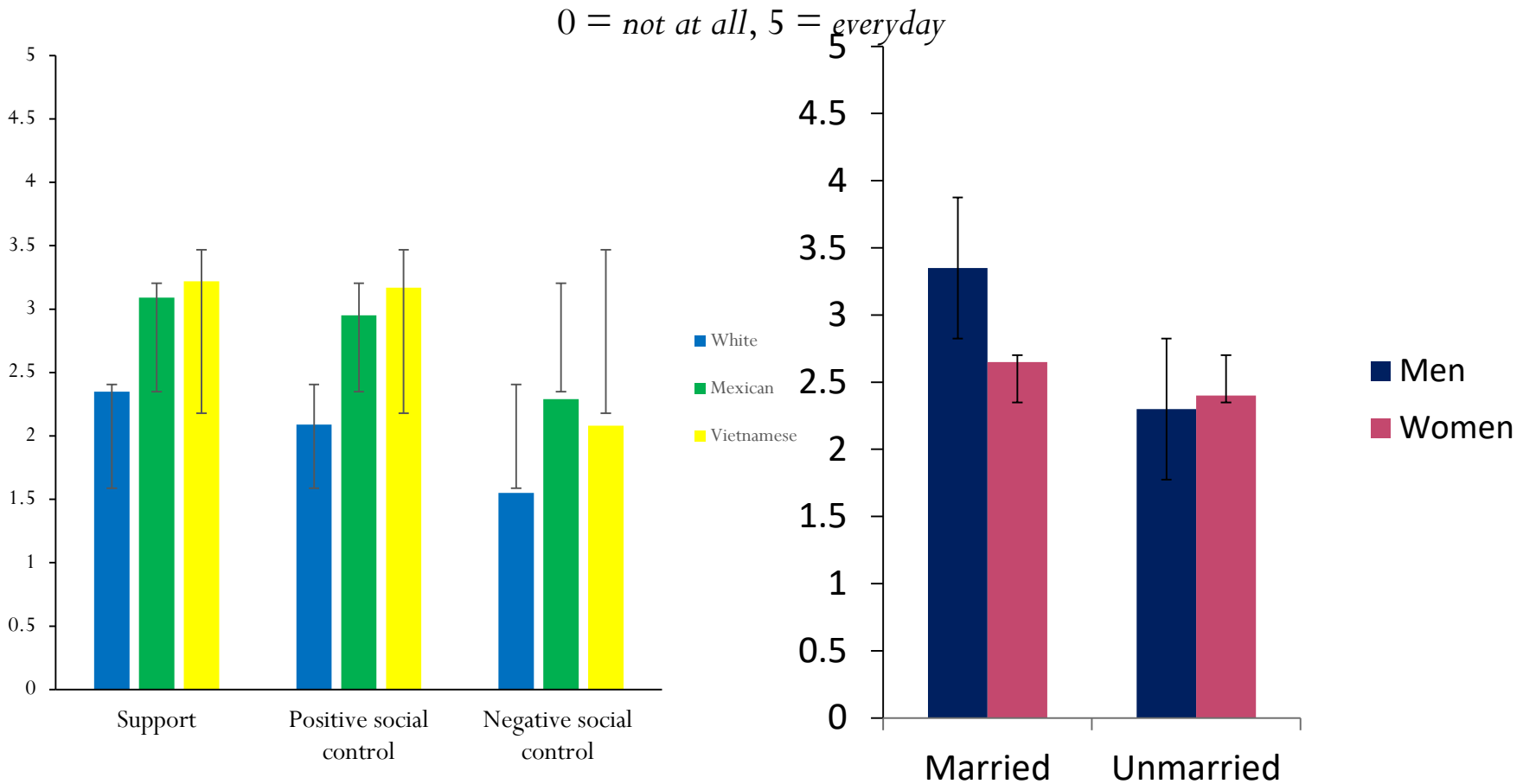
- **Procedures**

- In-person interviews, self-administered questionnaires, daily electronic diaries, medical record abstraction



*\*Data collected from 4 samples of 1,916 patients with type 2 diabetes*

# Frequency of Family Member Involvement in Diabetes



- **# of days spouses reported being involved in their partners' diabetes management:**
  - Support (82%), positive control strategies (55%), negative control strategies (40%)

# Sources of Family Member Involvement in Diabetes

	MARRIED		UNMARRIED	
	<u>Men</u>	<u>Women</u>	<u>Men</u>	<u>Women</u>
<b>Spouse</b>	78.1% <sup>a</sup>	63.1% <sup>b</sup>	N/A	N/A
<b>Children</b>	30.5% <sup>a</sup>	47.1% <sup>b</sup>	21.8% <sup>a</sup>	46.5% <sup>b</sup>
<b>Sibling</b>	8.5% <sup>a</sup>	16.1% <sup>b</sup>	20.3% <sup>c</sup>	15.3% <sup>b</sup>
<b>Other relative</b>	10.1% <sup>a</sup>	12.2% <sup>a</sup>	18.9% <sup>b</sup>	15.2% <sup>b</sup>
<b>Friend/neighbor</b>	5.1% <sup>a</sup>	12.1% <sup>b</sup>	25.5% <sup>c</sup>	15.1% <sup>b</sup>

*Note.* Superscripts that differ in the same row are significantly different at  $p < .05$ .

- **Racial/ethnic differences in number of family/friends involved in diabetes management (e.g., adult child, other relatives):**
  - **Racial/ethnic minorities > non-Hispanic Whites**



# Family Members' Involvement in Diabetes: Implications for Patients

	Health behaviors	Emotions
<i>Support</i>	+	+
<i>Positive control strategies</i>	+ or 0	+ and -
<i>Negative control strategies</i>	- or 0	-
<i>Undermining</i>	-	unclear

- Implications for patients depend on:
  - Gender, marital status, race/ethnicity, relationship quality, norms for involvement, appraisal of shared responsibility for diabetes management

# Family Members' Involvement in Diabetes: Implications for Spouses and Relationship Quality

## ● Implications for spouses

- *Support:* ↓ stress
- *Control:* ↑ stress and burden
  - Effects depend on patients' health characteristics

## ● Implications for relationship quality

- *Support:* ↑ enjoyable marital interactions
- *Control:* ↑ tense marital interactions



# Potential *Reasons* for Spousal Involvement in Diabetes

- Patient and disease factors

- Diabetes duration, perceptions of dietary behaviors, patients' worries
  - Findings differed by race/ethnicity and gender

- Spouse factors

- Spouse awareness of anxiety about nonadherence
  - Related to more social control

- In progress:

- Online dyadic study of patients and spouses
- Comprehensive set of proximal and sociocultural factors posited to be reasons for spousal involvement

# Preparing Family Members as Coaches for Patients with Types 2 Diabetes

- Multidisciplinary, community-based approach
- Coaching as a strategy to improve diabetes self-management

➡ *Can family members taught to be coaches?*

- Current stage: pre-testing
- Next steps: pilot testing feasibility and efficacy in patients & family members





# Future Directions

- Further understanding of *how* and *why* social relationships influence health (and vice versa) in later life
- Expanding upon this work: Opportunities for collaboration
  - Other chronic conditions in later life
  - Considerations of sociodemographic factors
  - Interactions with formal social relationships (e.g., health care providers)

**“Human behavior is likely to remain *sine qua non* of health care delivery for many years to come” (Christensen & Johnson, 2002, p. 97)**

# Facilitating Collaboration among Researchers Who Do Aging Research at Rutgers: Suggestions for the Future

- **Developing a network of faculty doing aging research**
  - Online social network (e.g., research interests, seeking collaborators, willingness to consult)
  - Research blitzes/meet-and-greets ~ once/year
  - Research on aging discussion group
- **Seed funding for multidisciplinary aging research**



# Thank You

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**Questions**