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Examining the Healthcare Journeys of African American Individuals with Type 2 Diabetes amid COVID-19

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Examining the Healthcare Journeys of African American Individuals with Type 2 Diabetes amid COVID-19

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Examining the healthcare journeys of African American individuals with Type 2 Diabetes amid
COVID-19

Lei Edmerson
Harding University

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Abstract

The overall purpose of this study is to explore the pandemic experience of African American's with Type 2 Diabetes. This study was done to highlight a specific group of people who live with a chronic illness and the steps they took to ensure their safety during a pandemic. The COVID-19 pandemic had been shown to adversely and disproportionately impact minorities and those with diabetes in regards to mortality rates. This study aims to bring light to the stories of those dealing with more than just the pandemic. It wanted to explore how they made it thus far, and if there was a reason for their success.

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The Impact of COVID-19 on the Physical Healthcare of African Americans with Type 2 Diabetes

As the data for the effects of coronavirus grows, we can attain a better overall picture of the effects for minority populations. These populations were already experiencing an increased risk for food insecurity/deserts, unequal wages, racism, social stressors, lack of clean air, and a lack of safe, reliable, and affordable housing (Ray, 2020; Johns Hopkins Medicine, 2020). The COVID-19 pandemic has shown an obvious picture of how disproportionately care, treatment, prevention, and testing have been offered to minority groups in the United States. There is now an inclination for this to be made right. Many minority groups were adversely impacted, but the African American population was found to be severely impacted by this pandemic. The racial disparities noted during the COVID-19 pandemic were shocking, but they exist as part of a greater issue that has plagued African Americans' existence in America. One of the most common comorbidities among severe COVID patients was Diabetes (Riddle et al., 2020; Center for Disease Control, 2018, p. 1). The purpose of this study is to explore how people who are African American and have Type 2 Diabetes are experiencing the Covid-19 pandemic.

Literature Review

Type 2 Diabetes is a condition in which the body cannot and does not regulate and use glucose well. Sugar or glucose is the main source of fuel for our bodies to move and grow. Our bodies are naturally equipped with methods to regulate the amount of sugar we have and where it goes; but when those processes are interrupted or not functioning correctly, we can have major problems. According to The Mayo Clinic:

This long-term (chronic) condition results in too much sugar circulating in the bloodstream. Eventually, high blood sugar levels can lead to disorders of the circulatory,

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nervous, and immune systems. In Type 2 Diabetes, there are primarily two interrelated problems at work. Your pancreas does not produce enough insulin — a hormone that regulates the movement of sugar into your cells — and cells respond poorly to insulin and take in less sugar. (Mayo Clinic, 2021 p. 1)

Type 2 Diabetes, currently, has no known cure; and, unfortunately, it is a sickness that is prevalent in the black community. According to the US Department of Health and Human Services, “African American adults were 60% more likely than non-Hispanic white adults to be diagnosed with diabetes by a physician.” In 2020, the CDC found that “34.2 million Americans” have diabetes, and that “New diabetes cases were higher among non-Hispanic blacks...than non-Hispanic Asians and non-Hispanic whites.” There is an estimated “8.2 per 1000” non-Hispanic blacks that have Type 2 Diabetes compared to the “5.0 per 1000” non-Hispanic whites (Center for Disease Control, 2018, p. 1). So, for every 1000 people, there are going to be three more African Americans diagnosed than white Americans. These numbers are startling because non-Hispanic blacks only make up 13.4% of the total population in the United States (United States Census Bureau, 2020, p. 1), but yet are leading the numbers in having Diabetes compared to other racial groups. Diabetes is an ailment that can affect many major organs in the human body. It can lead to problems like heart disease, kidney disease, slow healing, and in some cases loss of limbs and death. This disease is preventable in most cases, and the black community still suffering from it alludes to there being background issues that need to be resolved to decrease the number of people that will suffer.

Addressing background and historical issues such as: food insecurity, food deserts, lack of nutrition education, and others could help decrease the incidents of Diabetes among African Americans. During the pandemic, these issues could be seen in a plethora of ways. In many

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predominantly black communities, people often use public transportation, like buses, and live-in houses with families of all ages, which may have contributed to the spread and receive COVID-19 (Johns Hopkins Medicine, 2020). In the current age, there is a lack of funding to support getting black children the food and resources they need to be healthy. The highest food insecurity rates were in counties that had a majority black population. Jefferson County in Missouri which has an almost 70 percent black population had a food insecurity rate of 34.2%. The highest out of all the counties in the United States. In a predominantly minority community like the Bronx, it was found that “...the Bronx has higher rates of obesity and chronic diseases due to the disproportionate amount of poverty and food insecurity...make the borough’s predominantly black and Latinx residents more vulnerable to the devastating effects of Covid-19” (Belanger et al., 2020, p. 5). Type 2 Diabetes is a disease that is directly impacted by diet, and an unhealthy diet can negatively impact the maintenance and control one has on the disease. When there is a lack of food or a lack of the right kinds of food, it can directly impact one’s blood sugar that can lead to issues regulating blood sugar. Lack of a proper diet could also lead to other issues like amputations and death.

The race gap in mortality cases during the pandemic was distressing. One study determined that “Our analyses indicated that disproportionate rates of COVID-19 cases and deaths persisted after controlling for potentially confounding factors... Roughly one in five U.S. counties are disproportionately black, and they accounted for five of ten COVID-19 diagnoses and nearly six of ten COVID-19 deaths nationally” (G.A. Millett et al., 2020, p. 23). In this study where they surveyed around 3400 counties; it was found that around 20% of them had a less than the average number of African Americans. Even with there being so few black people in the counties they were still dying at alarming rates. A pattern of minority communities being hit

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harder due to a lack of resources was exposed in these surveys. This was seen with the Human Immunodeficiency Virus or AIDS, we see this with Diabetes as well as obesity, heart disease, and strokes. With the Covid-19 pandemic, this pattern continued. All across the country, there was evidence of Diabetes being comorbid with Covid-19. "Hospitalized black patients had a significantly higher prevalence of Diabetes (40.6%) when compared to White patients (32.0%) ... Diabetes may be the other factor responsible for increased COVID-19 hospitalizations in black communities" (Krishnamoorthy et al., 2020, p. 20). In the hospital setting, it was prevalent that African American people who were showing up with severe symptoms and having comorbidities like Type 2 Diabetes were facing mortality at an alarming rate. There is also a positive correlation between the black patients dying and their having Medicaid. Medicaid is insurance that states give out based on income. It typically goes to lower-income families that contain breadwinners with jobs that do not include benefits. It makes sense that people who may not have the best insurance wait to go to the hospital until absolutely necessary due to the lack of financial resources afforded to them. It was found in Louisiana that "black patients represent 59% of all Covid-19-related deaths in the state, even though blacks represent only 33% of the population" (Haywood, 2020, p.6). There is a common pattern of there being a disproportionate relationship between the population of African Americans in a community and the hospitalization record.

A national survey examining electronic medical records found that "after accounting for the other included factors in the study, being older, being male, being black or African American, and having a history of myocardial infarction, congestive heart failure... were all associated with higher odds of death with COVID-19" (Harrison et al., 2020, p. 11). In other words, there is a correlation between being black and having some of the most serious health

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concerns. Even beyond COVID, the CDC published that black women are “three times more likely” to have pregnancy complications than white women (Center for Disease Control, 2021). The CDC wrote that in 2018, over 40 percent of the new cases of Human Immunodeficiency Virus were black americans. The US Department of Health and Human Services has found that African Americans experience a higher mortality rate than white Americans from liver and heart disease. This data is profound in that it is so damaging, but still, the minority community is very underrepresented in research. The data showed that there were a number of ethnic minority doctors that died from Covid-19. Minorities made up a large part of essential workers who were not able to work from home during the pandemic putting them at further risk for exposure to COVID-19.

This pandemic also targeted older adults. The Center for Disease reported that older adults also had a higher chance of getting very sick from the virus. They had to be judicious in how they protected themselves because “older adults with COVID-19 might need hospitalization, intensive care, or a ventilator to help them breathe or they might even die” (Center for Disease Control, 2021, p.1). It was reported that “eight out of 10 deaths in the U.S. from the new coronavirus have been in people 65 and older” (Maragakis, 2021, p.1). Elbaum (2020) noted that when it came to the COVID-19 intensive care guidelines, there was a lack of desire for African American adults to place do-not-resuscitate (DNR) orders on their files, because they feared it would give doctors the permission “to give up on them” (p. 59). When deciding who has the better chance for survival, Elbaum makes the case that it overlooks all of the history and experiences of African Americans that have gone into making their life expectancy shorter in years.

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All in all, the pandemic revealed how disadvantaged minority communities are when it comes to healthcare provision. There is a long list of ailments that plague the African American community. With this pandemic, it was shown that in conjunction with those ailments, Covid-19 could prove to be fatal. There have to be steps to protect the minority community that is being so adversely affected. Type 2 Diabetes was shown to be a comorbidity that came up frequently in conjunction with morbidity. This is of course not a disease that is exclusive to any race, but there is a disproportionate amount of black people with it. Coupling having Type 2 Diabetes with being an older adult and a minority, puts an enormous pressure to stay safe and watchful because the chances for more serious complications are higher.

Purpose Statement

This project aims to understand the experience of African Americans with Type 2 Diabetes during the COVID-19 pandemic. Being black in such a turbulent time and adding a condition such as Type 2 Diabetes, presents interesting scenarios of lived experiences. The goal of this study was therefore to explore these experiences and document the meaning that a sample of participants reveal about their personal experience. To frame this purpose, I developed the following research questions.

Research Questions

RQ1 - What were the healthcare experiences of African American adults with Type II Diabetes during the COVID -19 pandemic?

RQ2 - In what way were these experiences different from their experiences before the pandemic?

Methodology

Design and Sample Selection

This study employed a qualitative research design with thematic analysis. I selected and interviewed four African American adults who were living with Type 2 Diabetes during the COVID-19 pandemic. I used a purposive sampling technique to select participants who fit the specific parameters of the study. I also obtained demographic characteristics of the participants that included their age, race, gender, education level, and location. All participants were assigned a pseudonym to protect their identity. My first participant was Thomas, a 59 year old male who is retired from firefighting and had been diagnosed 22 years ago. The next participant was David, a 57 year old male. David works at a hospital as a nurse's aide, he was diagnosed with Diabetes seven years ago. My third participant was Peter who is retired from the air force and middle school teaching. He was diagnosed 12 years ago. My final participant Ruth, was a 71 year old stay at home mother. She has had Diabetes for 14 years.

Instrument

The primary instrument in this study comprised qualitative, semi-structured interviews. In conducting these interviews, I considered my role as the interviewer to be an integral part of the research instrument. (Leonard, 2019, p. 1). In conducting these interviews and analysing the data, I made an intentional effort to be aware of my connection with the phenomenon I was studying because I am an African American adult, and have family members who have Type 2 Diabetes. I am therefore aware of the level of sympathy and empathy this connection afforded me. Furthermore, I have a background of working in a hospital setting which I realize would influence my approach to studying this phenomenon.

To facilitate the interview process I used an interview protocol that was designed to have open-ended questions to allow for the interviewee to communicate personal thoughts, feelings,

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and opinions. The protocol comprised several demographic questions including age, length of time with Diabetes, home location, and education levels. In addition to the demographic questions, the protocol also contained 8 open-end items (see Appendix). The interview protocol was developed with the assistance of an experienced healthcare provider to ensure that it would yield trustworthy data.

These interviews were conducted using Zoom. Each session was recorded with the participant's consent and then transcribed by me. The sample in this study is small and therefore is not going to be used in over-generalizations about the entire population of African Americans with Type 2 Diabetes. That being said, the intent of the study, as with many qualitative inquiries, is not to generalize, but rather to develop a deep and rich understanding of specific phenomena (Leonard, 2019).

Procedure

This study explored the lived experiences of African American adults with Type 2 Diabetes. This study used in-depth semi-structured interviews to explore the personal experience of COVID-19 on their Diabetes. These interviews were recorded over Zoom and started with demographic questions and gradually worked in questions asking about their 2020 year. This interviewer asked questions designed to determine if there was a difference between previous years and 2020 regarding their Diabetes healthcare. The data was recorded and transcribed by myself and looked over with a thematic analysis for and similarities or differences (Patton, 2002). Using thematic analysis allowed for a deeper dive into the data. The quality was more important than the quantity, and I wanted to give a face to these statistics before they became statistics. A painted picture of what COVID looked like, not just what the numbers can show. I

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analyzed prominent themes from the interviews. These themes were taken from the manually transcribed data directly.

Results and Findings

In regards to the participants' pandemic experience, three salient themes were deduced: “Diet and Exercise to Manage Diabetes - Components of Management”, “Caution about COVID -An Emotional Response to The pandemic”, and the “Importance Of Family During The Pandemic”. The participants shared a common conception of diet and exercise being the main form of natural management. With food being an inconsistent part of maintaining their blood sugar numbers meaning they do not eat the same thing everyday nor does it impact their sugars consistently, and exercises being seen as the primary way to stay healthy and lose weight, using both of those together can create a steady and normal range of numbers. Keeping a regular number is the easiest way to stay out of the hospital for more serious concerns that can occur when one has Diabetes.

Next, caution was the most blatant response to the pandemic. Making sure to take the warnings of health professionals even in a time of uncertainty was vital because having Type 2 Diabetes already puts one at a higher risk to develop more serious symptoms for any sickness. Caution was used in terms of being in the public being around people, and even in terms of getting the vaccine. In regards to the vaccine, the caution was related to how it would affect their blood sugar and Diabetes in general.

Finally, being a part of a family that has dealt with Diabetes from older family members, provides an insider view into the world of Diabetes and tends to prepare one more for the possible outcomes as well as the things needed to keep it manageable. Family support can be instrumental to management.

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Theme 1: Diet and Exercise to Manage Diabetes - Components of Management

Diet and exercise was a phrase that surfaced quite a few times in every participant's case. When examining their main methods for management, it was found to be the most common. Keeping the whole body healthy can be the best way to keep blood sugar within the normal range. The participants are aware of the role food plays, and how easy it is to give into the temptation of eating food. Thomas said:

If you eat right and stay away from high carb food and stuff it is controllable. If you just eat a little bit of the food you love and maintain a good healthy lifestyle, don't starve yourself. Just do a little bit of what you want and then get back to taking care of yourself.

Diet and exercise. Then you can stay healthy for a long time.

With Thomas having his kids home, he was more tempted to eat the things they were eating and enjoying. So when he talked about the balance between the good and the bad, he was saying that starving/depriving oneself does not make for easier or better management. Peter and Ruth spoke about "you have to eat right." Taking a look at their diet and exercise patterns, the research aspect came up quite often. Taking less insulin and medication was always their main goal. With SH her insulin levels started to get way off during the start of the pandemic. She was placed on a device that automatically reads insulin levels and that helped her get back on the right path in management. Taking a more natural non-medicated route seemed to be ideal for everyone. This is why diet and exercise play such an important role. Ruth did a lot of research into more natural remedies as a way to manage her blood sugar:

I always do my own research. I will go online and look up different things on how to control it or what would help. I got a lot of herbs and stuff that I found would work. I found that cinnamon is good to help with Diabetes. So I would buy the cinnamon

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capsules at the grocery store and when I drink my coffee, I would sprinkle a little cinnamon in it so that you can drink it that way.

It is important to be our own advocate and teacher when it comes to our health. We have the most to lose or gain, and doing our own research can aid not only us but our doctor, which can work better for our health. Doctors, while vital, can only dedicate so much time and energy to a case. With the pandemic especially, doctors are stretched especially thin. With the participants, most were retired, and were used to having the free time that the pandemic gave to everyone. And while their families were at home, it was easier to be distracted however in doing what they needed to do for management. Peter said:

The times where I have challenges is when I forget that I maybe need to eat right or exercise. It is a challenge to make sure you are paying attention to your needs, sometimes you can get distracted.

So the temptation to eat those snack foods that taste good, but are not nutritious, was already being addressed. Finding the right balance in eating the foods is important. There is an increase of interest in homeopathic medical doctors, but with Diabetes the most common plan of action includes medication. Ruth explained how her doctor could not advise her on natural remedies, but she would tell them what she found and was doing, and they would say “yes that’s good” and allow her to continue. Ruth also used cherries and cinnamon as a way to combat some of her other medical conditions. She constantly does her research just to make sure she stays on the right path. Similarly, David referred to “staying on his right diet” when it comes to managing his condition. It does make one wonder if a nutritionist would be a great part of a diabetic team, and how planned meals can take the place of guesswork as well as unknown variables that could mess with the numbers. But that is another professional and expense to these people who have a

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host of doctors and medical care experts looking after them. With diet and exercise along with their medication being their main forms of management, they all agreed that with the pandemic, the way they took care of themselves did not change. The pandemic to them did not make them change their style of management. There were a couple of times where their numbers had to be regulated, but they all agreed that the pandemic did not change the way they did management.

Theme 2: Caution about COVID -An Emotional Response to The pandemic

The Coronavirus pandemic changed the way that Americans handle major health crises. We are more advanced and information is easily accessible. With this ease of access, however, there was so much confusion and lack of information in the beginning that it was hard to separate fact from fiction. David said when talking about the role media has played in this pandemic:

I think they go too far. They tell people one thing, and they do something else. I feel as though they should have supported us more by telling people to keep their mask on and doing what they need to do so that they do not catch that COVID. They were talking about everyone can go without a mask and now that means they can all go without a mask.

David works at a hospital where he is face to face with sick people every day. Being unknowingly exposed had become pretty common, and patients were unlikely to wear a mask in their hospital rooms. Being exposed could take him off the floor for a period of time to be checked and monitored for COVID. What Type 2 Diabetes teaches a person is that when there is a health crisis, being vigilant and cautious is crucial. Even with something like a common cold or flu, it is important to respect the science and follow the safety guidelines as symptoms can be exacerbated in those with Type 2 Diabetes. With the participants, even when the information was

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unstable and inconsistent at best, they remained cautious and listened to what the doctors who are in charge of our public health response had to say. Thomas talked about:

We (the entire family including him) always respected science. We always wore masks. My immediate family was really serious about wearing masks. And we were really serious about keeping ourselves from other people. Probably the first six to eight months we didn't get out except to go to the store stuff like that. But we confined ourselves like they recommended.

This pandemic became controversial. There were even rumors at the beginning that black people could not get this disease. Some people thought it would never come to the United States because it was originally from China. And there were some rumors that it was just like a common cold or flu (Mayo Clinic Health System,2020). While there were varying symptoms and outcomes in relation to this virus, it could never be understated how important it was to be careful and purposeful in prevention of it. Ruth said:

I think that the pandemic was very hard on people because you had to stay in, and you had to wear a mask if you were inside or outside. But I didn't go anywhere. And I only went to my doctor's appointment and then it got to where they would call you on the phone and take care of you over the phone. But it was pretty hard for most everybody, but as long as people followed the health rules it's ok. But we just have to keep ourselves in God's hands and not listen to all those lies people were telling about the pandemic wasn't that bad. I just didn't listen to that, I listened to what the doctors said.

The best way to stay healthy is to not get sick. The media and the news did not wave the extreme precaution these people took when the virus spread here. David said:

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I am just more overly cautious because COVID tends to affect elderly people and especially those who have Diabetes. So, I try to make sure I am doing all the things that relate to doing right like social distancing and getting vaccinated and just trying to be healthy.

To them, it was better to be cautious, then to get sick. Just like they are cautious with what they eat and what is in the foods that they eat, they were cautious about the pandemic. What was interesting about this group of participants was the willingness to get the vaccine. All participants were vaccinated. The participants took the time to learn and discuss the vaccine with their doctors. There was a little wariness at first, but they decided it would be better to get it than to be without it:

I had a little skepticism about it, but after a while, and I see everybody taking it, I decided that I need it because I have COPD (Chronic Obstructive Pulmonary Disease), so I said I am taking it . I still haven't had COVID so I am glad that I took the vaccine. I had to talk to my doctor about the vaccine because I have so many autoimmune diseases but they told me it was safe. So I got both vaccines.

Seeing that all the participants were vaccinated promotes the fact that they were invested in helping to prevent COVID-19 which could have a severe impact on their health. The vaccine coupled with safety measures like social distancing was seen as the best way to prevent severe complications from COVID. While there is an uncomfortable history of African Americans going to the doctors or hospitals for help from the story of Henrietta Lacks to the Tuskegee Study. The fear of what the hospital may take or not making it out of there is very real. But what sets this group of black people apart is that with having Diabetes, there is already a regularity of seeing a doctor to help manage and keep them on the right track. What I also found interesting,

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which was when discussing the vaccine, there was not as much pushback as I had been expecting. There are a lot of black celebrities not blatantly supporting the vaccine, and it does not seem to be popular based on the rhetoric that is being portrayed in the media. However, when asked about how they felt about the vaccine, they were all in agreement with working together with their health care providers just making sure that it would not impact them negatively. Once it was confirmed they were all supportive of the science. There was caution when talking about how fast it came out though:

Well I had a little skepticism about it, but after a while and I saw everybody taking it, then I decided that I need it because I have COPD, so I said I'm taking it. I still haven't had COVID, so I am glad that I took the vaccine. I had to talk to my doctor about the vaccine because I have so many autoimmune diseases. But then they told me that it was safe. I can't take the flu vaccine because I am allergic to the medication that is in it, but they told me it was nothing like the flu vaccine so go ahead and take it.

Even though the research used to create the vaccine has been around for a long time, and it is a long process to get FDA approval, it was apparent that the misinformation had been spread. But there was quite a bit of distrust created from all of the mixed information at the beginning. Even now, when trying to find some of the sources that I know were spreading misinformation, they have been taken down or shown to be disproven because they are trying to limit not only the spread of COVID. The Mayo Clinic dedicated time and resources to debunking some of the most common misconceptions and rumors (Mayo Clinic Health Services, 2020).

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Theme 3: The Importance Of Family During The Pandemic

Quarantining and staying indoors was a challenging experience. Going from being able to be active and to do what one wants from being heavily restricted can take a toll on one's mental wellbeing. A silver lining for this gave people the option to spend time with their families. Most of the participants were retired before the pandemic, and only one was still working as the hospital never closes. The isolation did allow them time to be more mindful and aware of their surroundings and take care of themselves. Family is also a good accountability coach in this journey, because a lot of managing Diabetes is up to the person who has it. But keeping people honest and responsible for what they do. Family support is a vital pandemic or not. Thomas said "my family will sometimes remind me 'hey daddy you know you're a diabetic' because sometimes I go overboard." He also talked about how his wife cooks healthier meals for him to keep his blood sugar in check. Peter said:

My wife is very supportive. And we talk about Diabetes. She has Diabetes also, so we have something in common. And we try to encourage each other for what we need to do (Peter).

Ruth described how her husband and kids support her through her journey as well. David described his support:

They support me 100 percent by being there when I need someone there. By making sure I eat right. Having a partner does make having Diabetes easier. Someone to support you and help you out along the way making sure that you eat right and exercise. And making sure that you are still going to your appointments to see the doctor is how they help me out (Ruth).

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In each of the participants' interviews, they communicated a fondness and appreciation for their family support while managing their Diabetes. While Diabetes does rely on the individual's ability to have self control and monitor themselves, it helps when there is a support system that helps to keep them accountable. Just knowing that their family supports and wants them to be healthy, helps to provide an extra layer of security and responsibility that lets them know that they are not the only ones checking up on their numbers. It is hard to eat right all the time and stay on top of an exercise, but if someone is doing it alongside them or making sure that they are staying on top of it, it does make it easier. Looking over their time dealing with COVID-19, it showed how diligent that one had to be with having Diabetes. It also shows how important the role of family is when there is a mandatory isolation. Thomas discussed how he wanted to be able to eat the foods his kids were eating because they were now home from school, but his kids always reminded him that he had Diabetes and that is what comes first. Diabetes can be an isolating experience much like COVID, especially being the only person in the family to have it. But in these interviews, they all went out of their way to talk about how supportive and great their families were during this time and making sure they were extra careful. It was not just the participants staying inside and quarantined; the entire family stayed indoors unless it was necessary, to protect each other from the chance of getting COVID. What was also interesting when discussing the role that family played in their Diabetes experience, was the fact that since they are all not the first person to have COVID in their family. They all had some insider knowledge on how to better prepare themselves. One could link that to the pandemic experience because with most of the participants being retired, they were already used to being at the house more often. While the pandemic quarantine was especially long, the participants had experience with monitoring their diets when they had a lot of free time. This most likely had a positive

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influence on their ability to keep their number stable. They all did experience times where their numbers got a little out of control for a while, but they were able to get back on track. Having a family that have lived or are currently living with Diabetes plays a tremendous role in education and accountability. They all want to be as healthy as they can for their families, and they know what it looks like when a family has to take care of a person with Diabetes. So it is especially important to monitor blood sugar numbers and anything that may be of concern to their journey. Not only was a family a driving force in how seriously people took taking care of themselves, but all of the participants were not the first people in their family to have Type 2 Diabetes. Having a first hand view of seeing a family go through this journey could also be a deterrent for making sure that they stay on top of their health. I believe that having that experience of having family go through it is also a tool of education in management. One of the best and most useful ways to learn is to have it modeled. If they can see what works and what does not work, that could take out a lot of trial and error because they have the same DNA.

Discussion

Comparison to Literature

The literature that was published at this time showed a harsh picture of what COVID was like for black people with Type 2 Diabetes. The existing literature showed black people, people with Diabetes, and older adults all had to be concerned and wary of the pandemic because the chances of having a more severe reaction increased. When the CDC noted that “eight out of 10 deaths from the new coronavirus have been in people aged 65 years and older” and that “diabetes may be the other factor responsible for increased COVID-19 hospitalizations in the black communities” this was all cause for concern (Krishnamoorthy et al., 2020, p. 20). This pandemic

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has shown how different the lives of people living in the same country can be. It also shows how there are ups and downs to everything. Having a global pandemic made people with pre-existing conditions take notice and extra precautions to protect themselves and their families. Looking at the interviewees and their history with Diabetes, it is impactful to note how they all were able to manage their Diabetes well during this time. They all took the pandemic seriously because people with pre-existing conditions can be impacted harder and quicker than those without. They all had similar experiences in their care, their support, and their management. They were all able to adjust rather quickly and well to the pandemic and made sure that their health was still a primary focus. They all were not especially interested in the conspiracy theories surrounding the vaccination, and were all vaccinated when it was found that it would not impact their Diabetes, which is not the same picture the media promoted. While it was shown how people being black, having Type 2 Diabetes, and COVID, had terrible impacts including a high mortality rate, these people felt if they did everything the CDC recommended they would be ok. And so far that has proven to be true. Being black, however, was not vocalized as being central to their experience. While there is an awareness of the role that race plays in life, there were stressors that made more of an impactful role to their COVID experience. Diabetes and age played more of a role with stress and precaution than being black. While the pandemic was especially rough on minorities, the participants used their precaution and the advice of doctors to stay safe. As earlier referenced in the literature review, minorities especially with a chronic illness were at higher risk of morbidity when it came to a severe form of COVID. It was also known that older adults were also at a higher risk when it came to the virus. It is interesting to see, but not surprising that they were worried about their age and Diabetes in regards to COVID primarily. The data on COVID impacting minorities is relatively new, and the significance of it really will not be known for a

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while to come. But when viruses strike at such a large population, it tends to strike the most vulnerable the hardest. So the groups that it impacted so harshly are not surprising.

Limitations

In this study, having a majority of the participants being retired could be deemed a limitation. Their exposure to COVID was all limited because they all took the quarantine seriously. But they were all used to being at home and not in the workforce. One participant that worked full time at a hospital during the pandemic. He was exposed to COVID during that time, but because he was able to have proper personal protective equipment, as far as he knows he has not had COVID. Another limitation would be that three out of four participants were males. It was not balanced in gender which could have impacted the results. This study was done as a first time researcher during the summer of 2021. The mask mandates were not as strict and the vaccine was in production. Therefore , there might have been less strenuous factors that influenced how they thought about their experience. All of the participants were from one state, and that state is not representative of the rest of the 49.

Future Research

Future research can explore varying age groups, people with jobs, and more equality in regards to gender. Also maybe stay at home parents with Type 2 Diabetes to look at their journey in COVID. Even other minoritized people would be a beneficial study.

Healthcare providers should be more cautious not to draw hasty conclusions about people's experiences. It is also important to pay attention to other life factors even though disparities in healthcare experiences by ethnicity persist.

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It also goes to say that the participants' experience based on having proper previous management, family support, and exercising caution allowed for an experience that was not negative. Having all three of those themes working for them instead of against them played a roll in their ability to be able to see the good side of things. But without all of those three things, it would have been a different experience. Even taking away one could have been a different experience.

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Appendix

Interview Protocol

Internal Factors	External Factors (political, economic, social, and technological)
<ol style="list-style-type: none"> 1. Can you walk me through how do you manage your Diabetes? 2. Has the COVID epidemic changed the way you manage your Diabetes? (if so explain) 3. When it comes to your Diabetes have you felt supported by your family and or friends? (If so, who supports you and how?) 4. Do you believe you have been provided the necessary resources to manage your Diabetes during this COVID epidemic? What resources have been provided... 	<ol style="list-style-type: none"> 1. Do you believe that political or governmental rulings during the COVID-19 pandemic has changed how you manage your Diabetes? 2. How has the COVID-19 epidemic affected your ability to eat the diet of your choice, obtain medications and or supplies? 3. Has the COVID epidemic changed the way you communicate with your medical doctor, or the ability to make medical appointments? In what ways has...effected 4. How often do you use digital technology/media to manage your health issues? (Allows participants to talk about phone, teleconference, or zoom appt with MD and other medical disciplines).