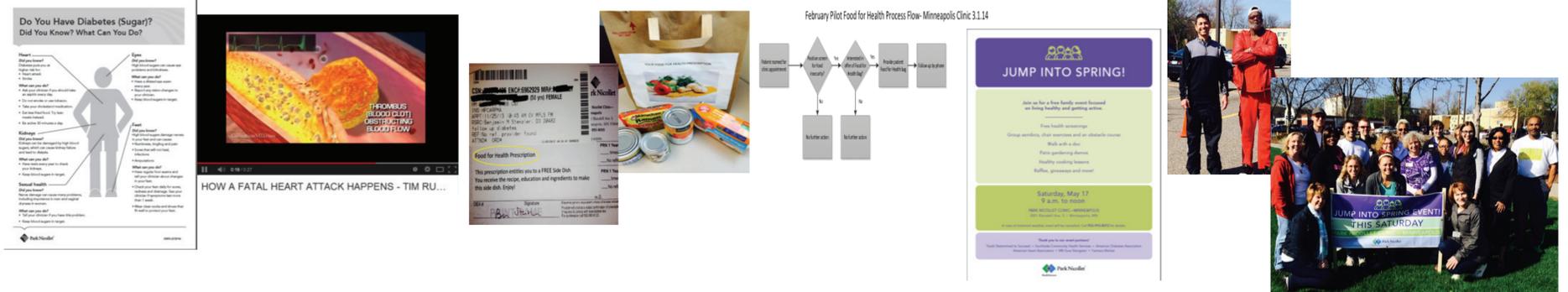


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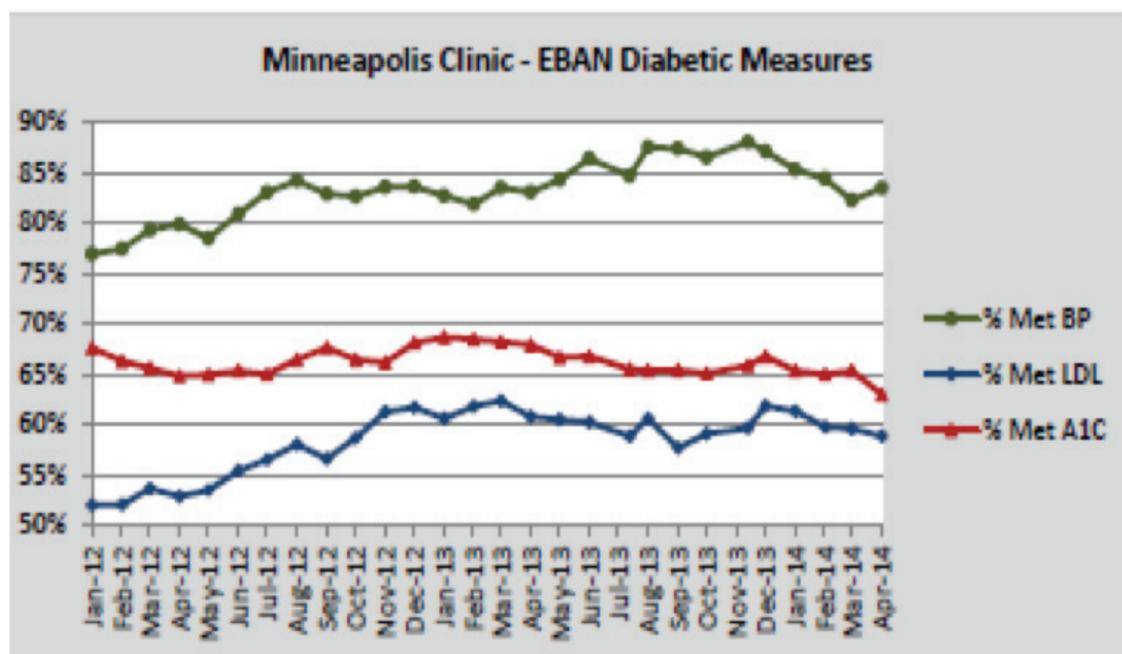
To decrease diabetes disparities through collaborative clinic and community efforts that motivate and empower individuals to manage their health. Working as a team to refine and develop honest, compassionate, personalized, approaches which would empower and motivate individuals struggling to manage their diabetes.

Measures and Interventions

- Overview of Patients Understanding of Diabetes: Created a Diabetes Complication Handout.
- Blood Pressure: Are there any staff barriers to having Blood Pressures measured correctly and documented?
- LDL: Use of videos and clinician discussion to increase knowledge and awareness of the importance of managing LDL in our patients with diabetes.
- Food for Health PDSA 1 and PDSA 2: Patients are willing to change their dietary habits by providing food support and education.
- Jump Into Spring Event: Host a clinic-based event in partnership with our community partners to promote healthy food, exercise and education.



Results



Lessons Learned

- When people come together with a common goal, in this case –to decrease Diabetes disparities- ideas are exchanged, thoughts are put into action, relationships are built along the way and success happens naturally.
- Openness to new ideas that initially might have seemed too big of a challenge or impossible to implement – however trying small changes that were part of making a bigger change, made something seem possible!
- We receive better results when we get feedback and input from our targeted audience.
- There are several community resources available to HP that we were not aware of or with whom we hadn't worked with in the past.

Recommendation for Spread

Concept of the Food Prescription – Food insecurity is a significant barrier to a healthy lifestyle – helping patients feel more secure with access to healthy food can make a difference in their overall health and wellbeing, as well as also being a means to have patients become more engaged with their health care system. The positive feedback that we received, demonstrated what we already know in that those who do not have their basic needs met, do not focus on meeting their health needs. You cannot be healthy if you are hungry! The food prescriptions would be a great initiative to implement at other clinics. A much needed resource for so many. It is quite an undertaking, but well worth it. Even people who can afford the food may not place the importance on the food unless provided in the form of a “written prescription”.

Direction for Change Initiatives

Continue to collaborate with community members that we serve to provide insight into ways to engage with our populations – unless our populations are engaged in their own health care, efforts of health care providers will be less than optimal. Really be a part of them, connecting and talking with the community. We get better participation when people feel they are having a personal and genuine interaction

Continue to work with patients to help them connect the dots. Some patients need help with resources and some need motivation, we must continue to help them determine the baby steps that can help them improve their health even with barriers that may exist in their lives.