EBAN 3D Collaborative™

Defeating Diabetes Disparities

Riverside Team

Aim

Increase rate of optimally controlled diabetic patients in our Somali patients using community measures definition of optimally controlled patients.

Measures and Interventions

- Developed questionnaire to learn about the social habits, basic diabetes knowledge and needs of our Somali patients. Collecting this information lead to a more focused approach to our interventions. Could also be used in the future to educate staff and help dismiss possible myths.
- Developed interactive worksheet in both the English and Somali language and also using simple pictures. Can be used as a “diabetic diary,” and aide in teaching, or a reminder to check blood sugars, eat healthy, take meds and exercise.
- Held two Diabetic Somali Classes for group teaching and individualized medical plans with the goal of helping patients reach their goals in all dimensions. Served lunch, held break time for prayer. Staff involved in the three hour class were MD’s, rooming nurse, check in, dietician, Diabetic Nurse Educator. Taxi service was given free of charge to and from each class. Fourteen patients attended.
- Visited Adult Somali Daycare for possible diabetic education purposes.

Results

- See interactive worksheet attached. Although we could not measure if this helped our goal, the diabetic nurse educator believed it helped with the education aspect and personalized the discussion. It also gave the patient a format to collect valuable information for their next appointment. The alternative to this was an all English diary to keep glucose reading and diet diary.
- Questionnaire findings: We had 22 questionnaires returned to us.
- Diabetic Somali Classes: 5 patients were in goal on all five measures at the time of the class-11/2013. All five of them were still in goal as of 5/2014. Four patients were not in goal at the time of the class. One out of the four became in goal as of 5/2014. The other three remain out of range without any measureable changes.
- Adult daycare visit was a success in determining the type of venue for diabetic education. A group from APOD did two separate diabetic education classes. Approximately 50 percent of the adults in the daycare attended. No formal announcements were made ahead of time.

Lessons Learned

- Group classes help maintain our Somali patients at goal. One out of our four patients not at goal became in goal in all measures after the classes. Patients at the classes expressed a desire to continue with group classes into the future and believed they impacted how they viewed diabetes and their health. Group classes, as we held them, were not sustainable from a staffing perspective and financial perspective. Planning the event from signing patients up, planning rides, arranging transportation and staffing was not sustainable for any of the staff.
- Educational intervention is needed, per results of our questionnaire. Most patients knew what their last A1c result was and what their goal was. 90% of patients did not know what their LDL was or what the goal was. About half knew what their last blood pressure was and what goal was. More than half of the patients did not know how long they would have diabetes. Most patients believe they got diabetes from an outside source (head injury, their mother, from leukemia, etc). About half of the patients who answered our questionnaire do their own grocery shopping. More than 90% used Cub Foods as their primary food resource. Approximately 90% of the people surveyed said they eat at a restaurant less than once a month. Only approximately 10 percent of patients said they missed a doctor appt due to lack of insurance, transportation or lack of child care. About 25 percent of people exercise two or more times/week with walking being the preferred method of exercise. One out of the 22 responders said they have felt down, depressed or anxious due to their diagnosis of diabetes. All patients who responded to these questions used on-site Somali interpreters so we are uncertain if that affected any of the answers.
- Adult Somali daycare centers would be a great venue for education. It would be financially sustainable but unclear how to staff.
- All materials given to Somali patients should have the option of being in their own language, along with English. Pictures are very helpful when patients do not have an interpreter or family member with them.
- Clinic staff are not the best choice of people to do the work in the community due to time constraints. Community advisors knowledge and expertise are invaluable, but they also need time to participate. We would advise the meetings of both clinic staff and community advisors, but would need a different team to carry out the community/clinic planning and work in order to sustain the wonderful ideas that come from the partnered discussions.

Recommendation for Spread

- Community based education on diabetes. Somali daycare centers are an excellent venue.
- Clinic based group education; we believe in time this builds trusting relationships between clinic and Somali patients, which cannot be measured in numbers.
- Continued translation in forms and education using pictures and/or Somali and English languages.

Direction for Change Initiatives

Our group believes the biggest change needs to be proactive education before the patients develop the disease and better education once diagnosed with the disease. We should use each clinic and their community advisors to recommend how this is done within the community but have our own HP dept to be doing the planning and organizing post meetings. We should be working across all health care systems to develop a strategic educational plan using our community resources.