Introduction

• Consistent with much of the US, Type 2 Diabetes Mellitus (T2DM) is the most common chronic health issue faced by patients at our Federally Qualified Health Center (FQHC).

• While health care providers make recommendations regarding nutrition, exercise and medication, patient adherence is a significant issue. Intervention to improve adherence should be patient-centered.

• We approached this with a focus on what patients see as the barriers to participating in their own care and maintaining a healthy lifestyle.

Objectives

1. Assess the most frequent barriers, preventing our patients from improving their overall health, with the goal of providing interventions that meet the needs and preference of patients.

2. Develop a plan to provide such interventions and, ultimately, assess their efficacy.

Methods

A total of 101 patients T2DM in a suburban community family health center were verbally administered a short survey in order to understand what they view as barriers to following physician recommendations with regard to medication, diet and exercise. The 10-item survey included a combination of open- and close-ended questions relating to barriers, needs and preferences for intervention and services.

Patient Characteristics:

• 65 female, 35 male;

• Age range: 23 to 78 years (Mean = 49.38);

• HbA1C range: 6.5 to 14 (Mean = 8.38)

The sample was divided in two groups:

• 21 to 50 years old (n = 55)

• > 50 years old (n = 46)

Results

• Diabetes management remains a challenge for healthcare providers and the health care system in general.

• A patient centered approach should be established in order to better serve our community and overcome what our patients see as barriers preventing them from necessary understanding and control of their health.

• Once the diagnosis of T2DM has been established, health care providers should assess patients’ perceptions and seek out their insights for diet, exercise and interventions.

• Diet was the most identified barrier for both age groups and cooking classes were the most commonly preferred intervention.

• A large proportion of patients also noted that they would like to participate in group education.

Discussion

We plan to utilize the results of this needs assessment to design culturally appropriate interventions based on the preferences of our patient population and conduct pre/post assessment of factors such as BMI and HbA1C.

References


*Data made available by HRHCare, a non-profit New York State licensed federally-qualified health center system.