METHODOLOGY AND DESIGN OF A DIABETES & HYPERTENSION EDUCATION PROGRAM FOR FREE CLINIC PATIENTS

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INTRODUCTION

- Lahai Health is one of the largest free clinics in Washington state, aiming to provide compassionate, quality healthcare to low-income, uninsured patients.
- Low-income, minority adults have the highest rate of diabetes in the USA and require improved patient education and healthcare access [1].
- Lahai developed and implemented a 12-month program to help patients develop healthy habits to live with diabetes and maintain personal health.

Inclusion Criteria
Diagnosis of: **Type 1/2 diabetes**, being **"pre-diabetic"**, or **hypertension**
Living under the 300% Federal Poverty Level
Uninsured or underinsured

Table 1: Inclusion criteria for enrolling in Lahai's diabetes program.

Figure 1: ADCES7 Self-Care Behaviors™ promoting healthy coping, healthy eating, being active, taking medication, monitoring, reducing risk, and problem solving [2].

METHODS

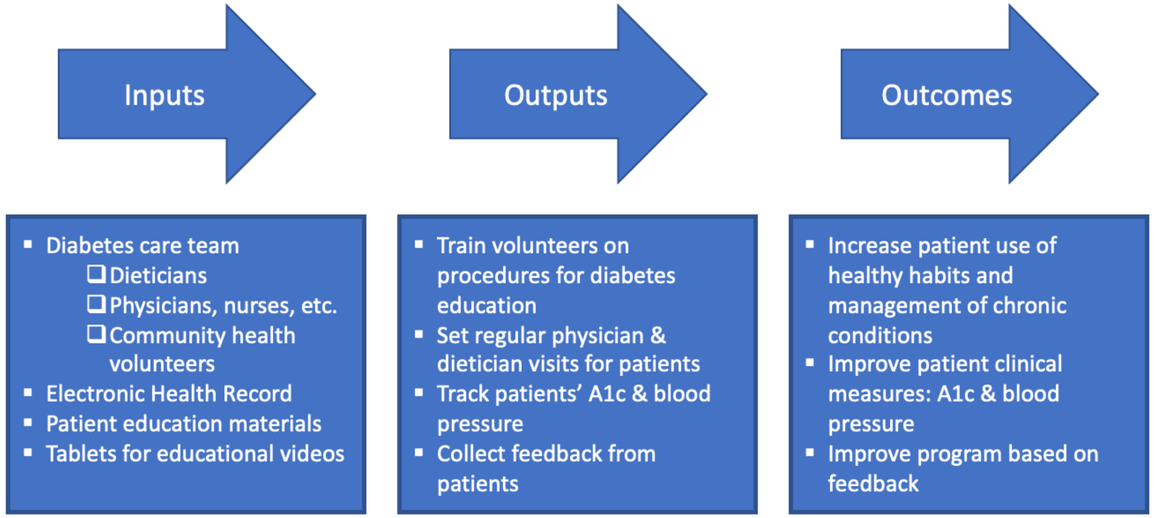

Figure 2: The logic model for Lahai's diabetes education program.

PATIENT EDUCATION MODEL

6 Months Plan	12 Months Plan
Regular medical care from a physician ➢ Preventive care exams ➢ Monitoring of A1C levels, blood pressure, cholesterol, lipid levels, weight, and body mass index	Patients continue to receive follow-up care from physicians and participate in counseling sessions
Individual counseling & education from members of the diabetes care team (includes a certified diabetes educator/dietitian and a nurse practitioner)	After completion of the program, "graduates" continue diabetes care with regular follow-up physician visits, self-monitoring (glucose testing), heathy eating, and exercise
Team reviews patient's progress each visit and ensures patients have access to prescribed medications and/or insulin, as well as supplies and tools to help manage diet and exercise	Opportunities for "refresher" classes on healthy living practices are provided

Table 2: The six- and twelve-months plan and goals for the program.

RESULTS & CONCLUSIONS

- A total of 415 non-unique participants were recruited for the diabetes and/or hypertension programs.
- 34% of diabetic/prediabetic and 43% of hypertensive patients improved their conditions, while the remaining were unchanged or worsened.
- A major limitation is a lack of a control group and the inconsistency in patient appointments. No patients had appointments with data from the full 12-month period. Additionally, nearly half of all patients enrolled did not schedule or attend follow-up visits.
    - Many Lahai patients are unable to find time to visit clinic due to working hours.
- Hypertensive patients saw large improvements; however, further research with a control group and data over a longer time period is needed.

REFERENCES

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