Barriers to the Quality of Control of Diabetes in Rural Community Health Centers: East Arkansas Family Health Center

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Introduction

• In 1974, East Arkansas Family Health Center (EAFHC) was constructed in West Memphis, Arkansas, out of an existing retail mall. It was pieced together as a non-profit organization in order to provide “accessible, comprehensive, and quality healthcare to the communities [in which they] serve with an emphasis towards the traditionally underserved” (4).

• It acts as a fundamental health care provider to Crittenden, Poinsett, Mississippi, and Phillips counties

• Despite its strong presence and aid to the community, however, there is a strong need for improvement in the delivery of healthcare:
  • Over 28% living below 100% of FPL and 49% living below 200% of FLP (4)
  • 54% of its patients are uninsured
  • Diagnoses and manages a higher percentage of patients suffering from COPD, hypertension, hyperlipidemia, CHF, and diabetes when compared to the state and national averages (2)
Background

- Diabetes is one of the fastest growing chronic illnesses affecting mankind. Many of the long-term complications associated with diabetes, including macrovascular disease, coronary heart disease, stroke, retinopathy, and kidney diseases, can be reduced, delayed, or prevented if early diagnosis and control of diabetes was achieved.

- As the level of remoteness increases in a residence, the number of hospitalization and deaths related to diabetes also increases.

EAFHC has a reported 2,290 patients out of a total number of 7,340 who are clinically diagnosed with Diabetes mellitus.

More than 57% of its patients between the ages of 19 and 75 have hemoglobin A1C (HbA1c) values of above 7%.
Methodology

• In order to construct the needs assessment of EAFHC, I utilized several types of assessment methods:
  
  • windshield survey of the physical environment of EAFHC
  
  • Key informant interviews of the providers, administrative staff, and individuals associated with EAFHC
  
  • Informal interviews of the providers, nurses, and staff of EAFHC
  
• After identifying the need (diabetes):
  
  • Coordinated with the Continuous Quality Improvement (CQI) Specialist
  
  • Conducted interviews of a subset of the patient population in order to see how the center could better meet the needs of the patient population
Results

• **Key findings** pertaining to the barriers to the management of diabetes:

  • Lack of *Money* and Insurance

  • Limited Access to Healthy *Food Options*

  • Inadequate Understanding of How to *Prepare Diabetic-Friendly Meals*

  • Inflation in the Level of *Control*
Discussion

- Lack of Money/Insurance:
  - Affects the overall care of delivery
  - Difficulty with buying medication and healthy food options
  - 5/13 patient interviewees stated that money was a major issue in the control of their diabetes
Discussion . . . . (Cont.)

• Limited Access to Healthy Foods:
  • Lack of an adequate supply of nourishing produce
  • 64% of Crittenden County contains fast food restaurants
  • 4/13 patients stated that there are few places to buy quality groceries

• Inadequate Understanding of How to Prepare Diabetic-Friendly Meals:
  • Little cooperation from support systems
  • Distaste for diabetic-friendly foods
  • 69% of the patients demonstrated either a moderate or poor level of control with their diabetes via diet
  • Inadequate understanding of portion sizes
• **Inflation in the Level of Control:**
  • 12/13 patients had inflated their level of control by at least 50%
  • The average level of control for all 13 patients was 4.8, indicating that most interviewed patients have a moderate level of control in their diabetes
Recommendations

• In order to help patients better manage their diabetes, I recommend:
  
  • An On-Site Registered Dietician
  
  • Continuing Medical Education Program
    • Educate patients as well as the family/support system
    • Pamphlets with anecdotes from people living with and managing their diabetes
    • Bi-monthly cooking classes
  
  • Diabetic-Friendly Recipes
  
  • Home Visits
Conclusion

• Despite being a strong force in the delivery of primary medical services, East Arkansas Family Health Center is faltering in its management and control of patients suffering from diabetes.

• With more than 32% of its patients being clinically diagnosed with diabetes mellitus, it is evident that there is a need for improvement in the management and education of diabetes.

• It is my hope that through the implementation of the aforementioned recommendations, EAFHC can improve its control and management of patients suffering from diabetes.
Works Cited

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