

Waiting Room Diabetes Education Project



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Background Statistics



- Type 2 diabetes is becoming extremely prevalent among the adult and youth population
- In 2010, CDC reported the U.S. prevalence was 8.7%, while Mississippi's prevalence was 12.4%.
- Hinds county had a prevalence of 11.7% in 2008.

Background- CMHS Statistics



- According to the CMHS Uniform Data System Report in 2011:
 - 16% of all the patients served were living with diabetes
 - In a random sample of 70 patients:
 - ✦ 53% had a Hemoglobin A1c of <7%
 - ✦ 14.3% had a hemoglobin A1c of 7-8%
 - ✦ 14.3% had a hemoglobin A1c of 8-9%
 - ✦ 18.5% had a hemoglobin A1c of >9%

Project/Methods

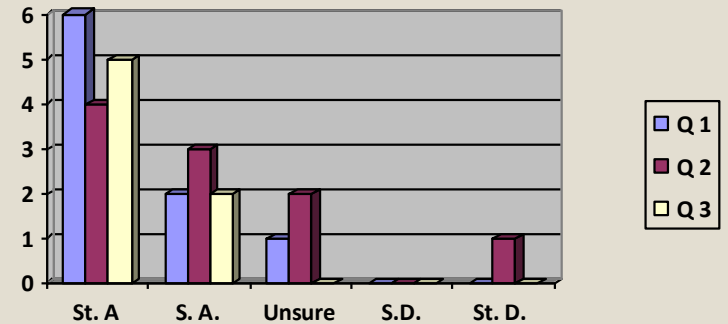


- Implement Diabetes related presentations in waiting areas
 - Power over Diabetes
 - Heart health
 - Foot care
 - Nutrition
 - Exercise and obesity
- Quantitative analysis: Conducted Pre and Post presentation surveys
 - Written at low literacy level
 - Strongly agree, somewhat agree, unsure, somewhat disagree, strongly disagree
- Qualitative analysis: asked patients tell me/write 1-2 things they learned

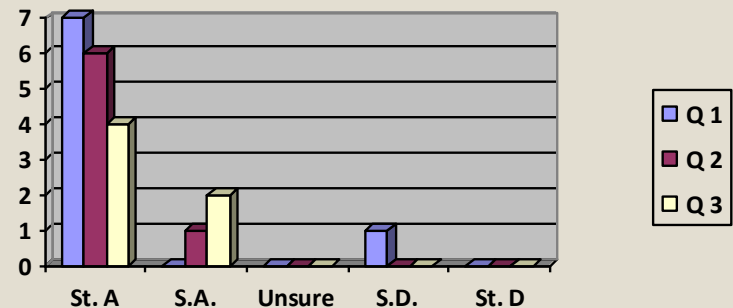
Most Significant Results



- Power over diabetes
 - Difference between type 1 and type 2 diabetes
 - Fasting blood sugar: 12.5% on pre and 100% on post
 - Pre/post results on charts



- Foot Care
 - A patient stated, “I didn’t know I shouldn’t use hot water on my feet”



- Heart Health
 - Many of the answers remained the same- discussed later

Power over Diabetes Results
Y- Axis: Number of people selecting each answer choice.

Results



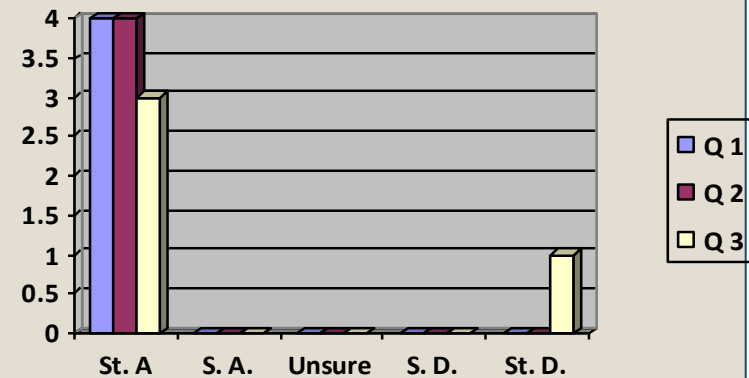
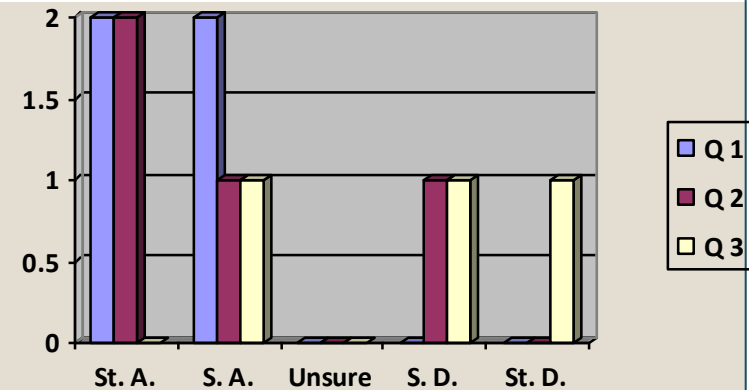
- **Nutrition**

- “I am aware of the difference between starchy and non-starchy vegetables” - 25% on pre and 85.7% on post.

- Qualitative analysis: many commented about portion sizes and starchy foods.

- **Physical Activity**

- “I know how being overweight is related to diabetes”- knowledge went from 0-75%
- Results on chart



Physical Activity Results

Y- Axis: Number of people selecting each answer choice.

Discussion



- The project was a effective in diabetes education.
- **Limitations:**
 - Setting, time available and number of participants
 - Some of patients many not have been able to read or may not have understood the survey
 - ✦ May have contributed to the same answers being written chosen for pre and post tests.
- **Improvement:**
 - Print Pre-test on 1 side and post on other
 - Change answer choices to yes, no, somewhat, unsure
 - Allow more time to collect more data

Conclusion



- More education should be devoted to:
 - Nutrition: Starches and portion sizes
 - Difference between type 1 and 2 diabetes
 - ✦ Patients need to know which they have
 - How physical activity helps people with diabetes
- Education is key... The “Why” component is important.
 - Sometimes if patients understand “why” they may be more likely to adhere to health plan.

Resources/Mentorship



- CDC
- Find The Data
- CMHS: Uniform Data System Report
- Dr. Robert Norris, MD
- Dr. Robert Smith, MD
- Dr. Geraldine Young, DNP
- Mr. Pat Gregory