

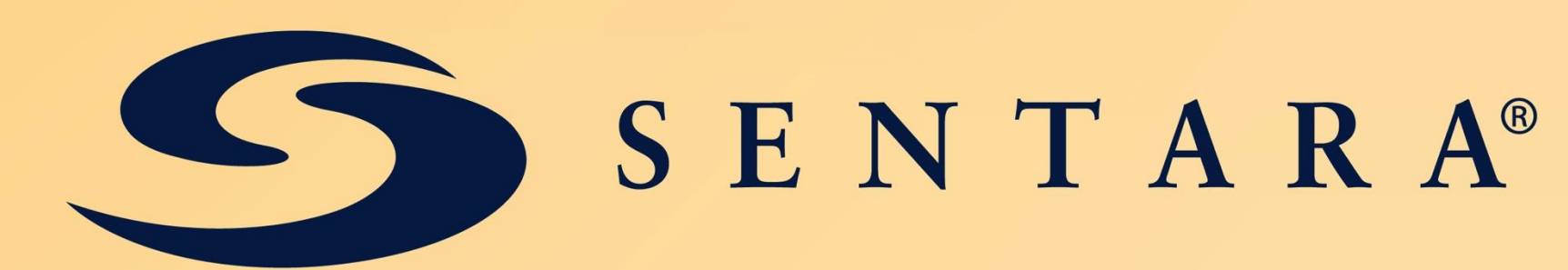


SNVMC Diabetes Prevention Program

Health promotion leading to risk reduction for developing diabetes.

Reaching out to the community to make a difference.

Lisa Muras, RD, Johanna Segovia, MPH, Genevieve Thompson, BSN,RN,CDE

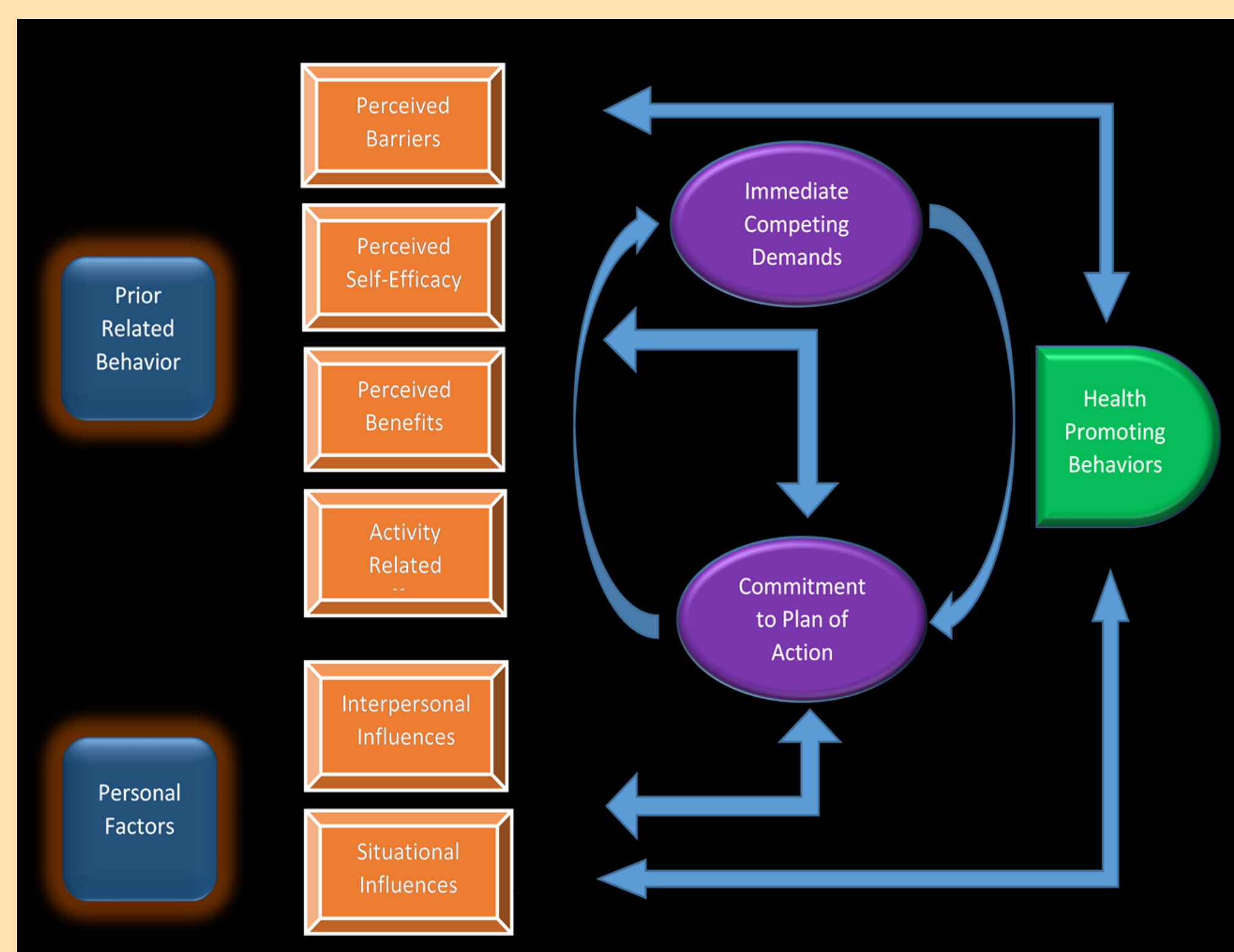


BACKGROUND

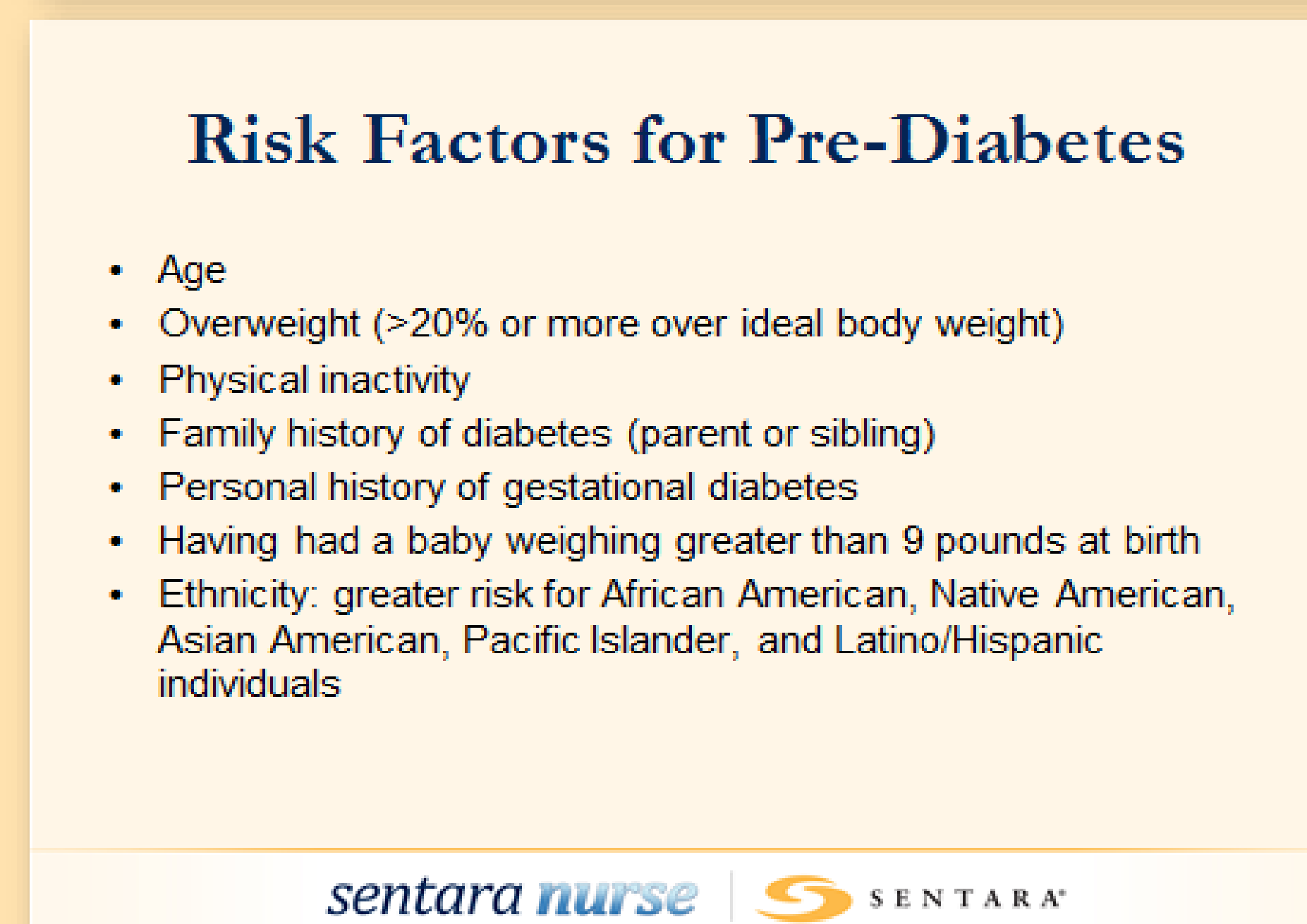
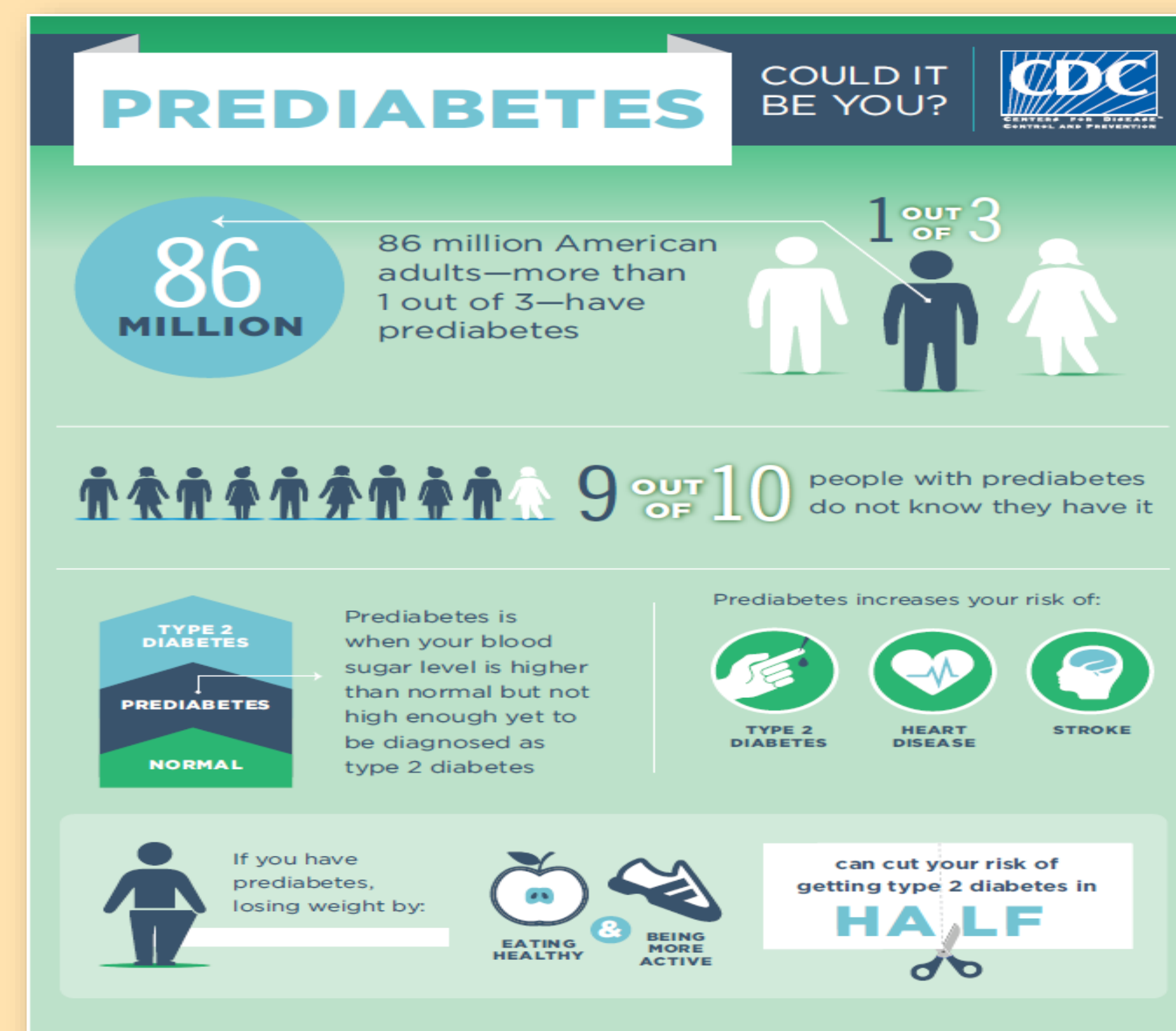
- The Sentara Northern Virginia Medical Center (SNVMC) Diabetes Education Program is accredited by the American Association of Diabetes Educators (AADE).
- 1 out of 3 U.S. adults has prediabetes.¹ In Virginia, only 5.7% adults reported being diagnosed with prediabetes by a medical provider.²
- 2015 SNVMC data reveals only 9.0% of identified patients with prediabetes received education. This could be due to poor healthcare coverage for diabetes prevention education.
- SNVMC Diabetes Program identified the opportunity to increase the percentage of patients being educated for prediabetes.
- The Potomac Health Foundation funded the program designed to offer a 3-month education and support program for individuals with a Hemoglobin A1c of 5.5%-6.4%.
- Persons with prediabetes are at increased risk of developing type 2 diabetes, heart disease, and suffering a stroke.
- Using Nola Pender's Health Promotion Model focuses on the importance of the participant's active role in initiating and maintaining healthy behaviors.³
- Establishing a connection to the individual, and offering supportive, culturally relevant education that the individual can control enables and encourages success.

RESEARCH QUESTION

Does participation in a culturally relevant lifestyle modification program alter health behaviors leading to a decreased risk of developing type 2 diabetes?

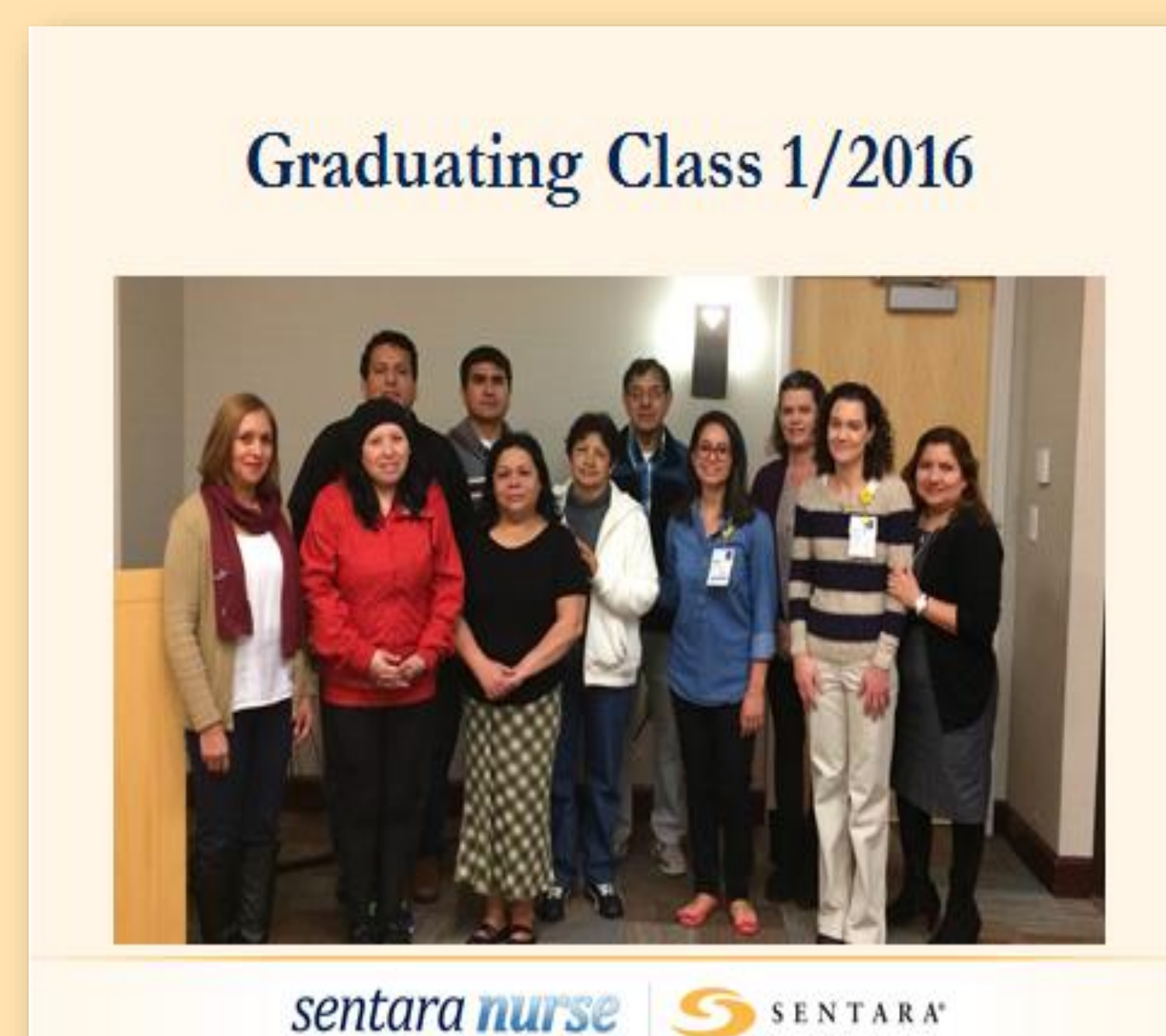


NOLA PENDER'S Health Promotion Model

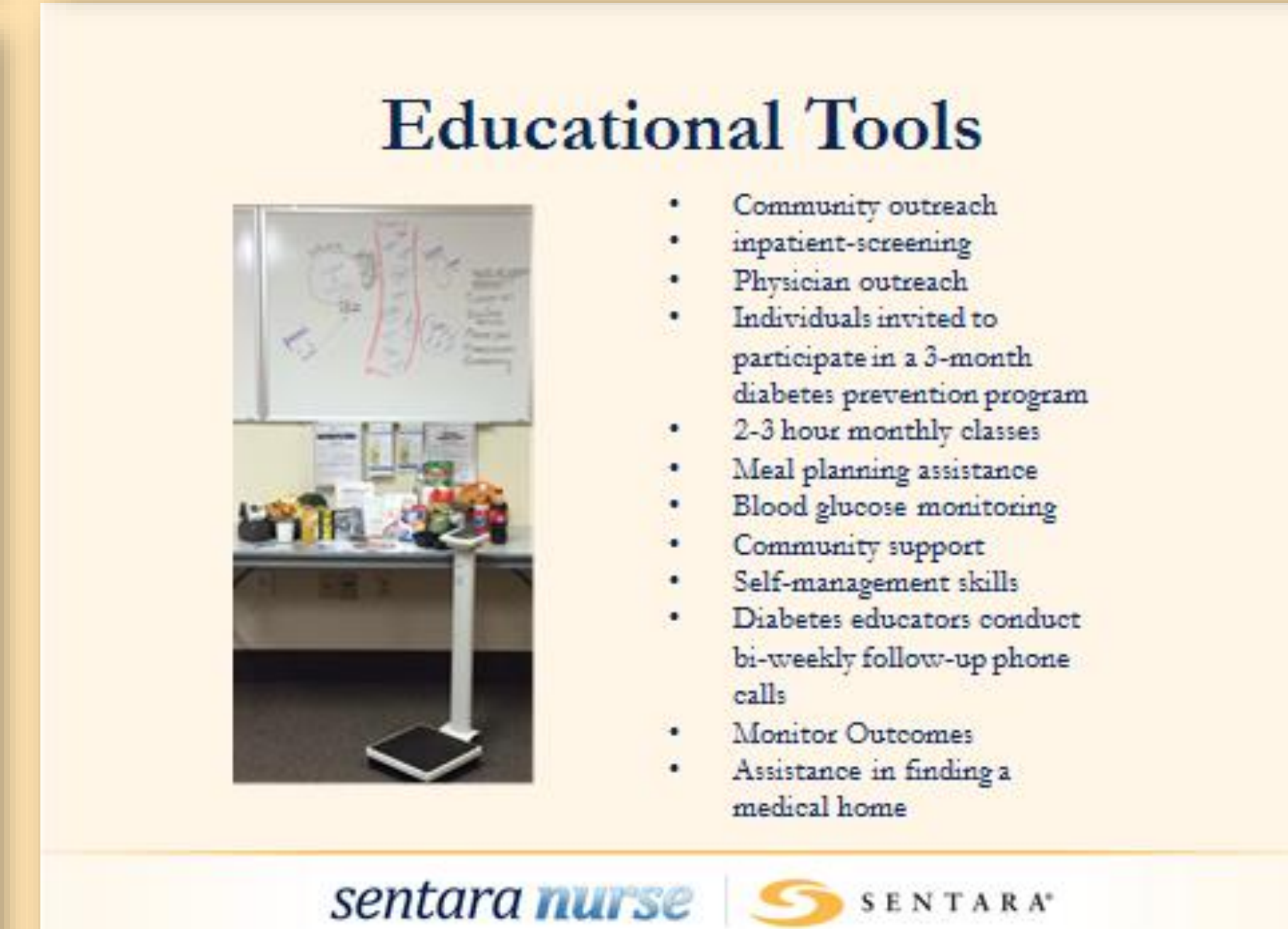
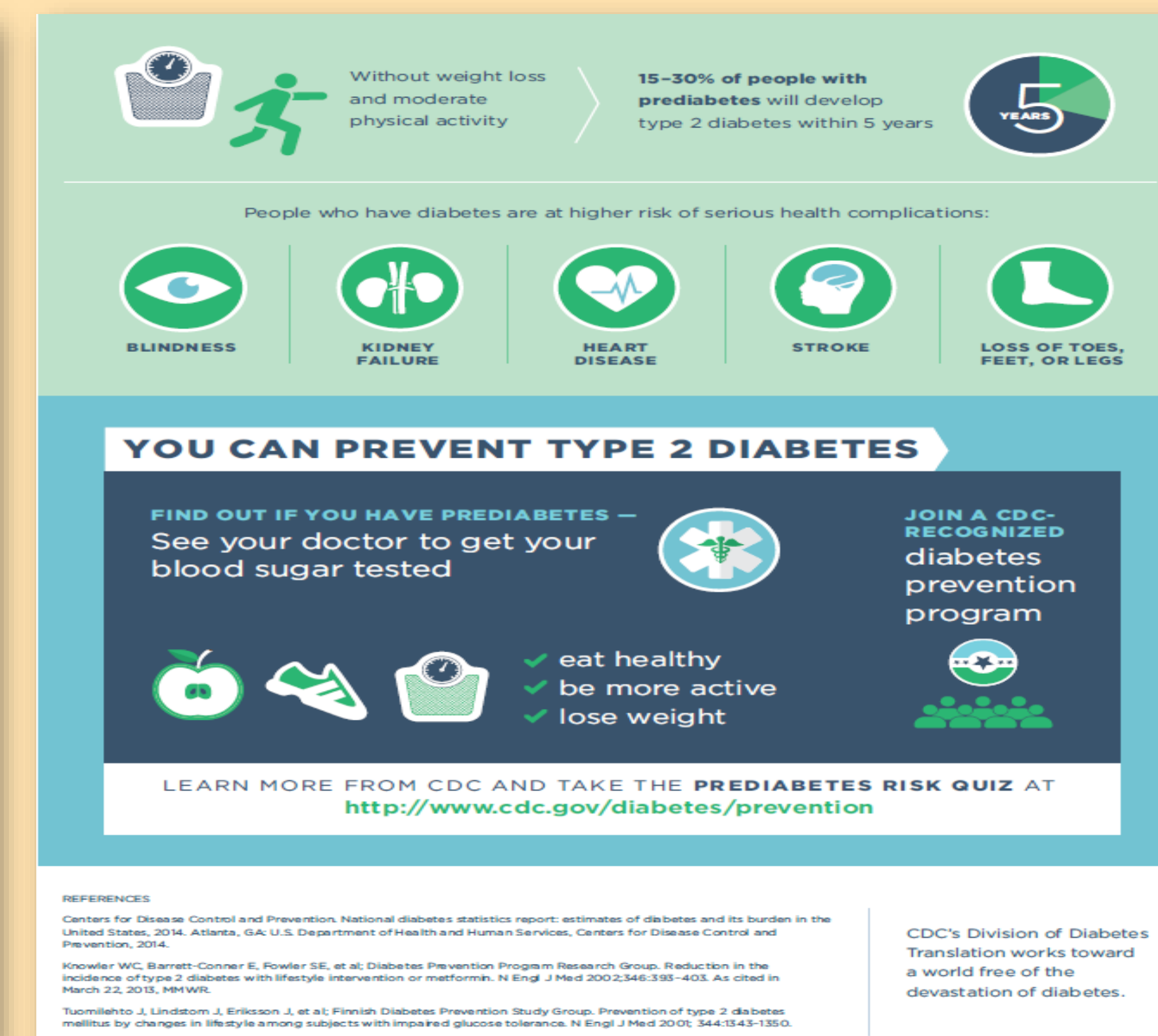


METHODS

- Development of a community outreach project, inpatient-screening protocol, and community-wide clinic referral system to identify individuals with prediabetes.
- Target individuals invited to participate in a 3-month diabetes prevention program based on the AADE standard.
- Participants received 5 hours of group classes in English or Spanish, along with telephone follow-up every 2 weeks.
- Participants are taught self-management skills by setting personal goals through meal planning, physical activity implementation, and blood glucose monitoring.
- During follow-up phone calls, diabetes educators encourage participant's goal accomplishment and address health concerns.
- Hemoglobin A1c and BMI were reevaluated to measure the participant's outcomes upon completion of the program.
- Participants are linked to safety-net clinics and community health centers for other medical concerns or follow-up.



Demographic	Total Enrollment n = 64(%)
Gender	Male 9(14) Female 55(86)
Age	18-26 years 2(3) 27-44 years 22(34) 45-64 years 33(52) >65 years 7(11)
Insurance	Insured 25(41) Uninsured 39(61)
Income	<\$11,770 38(60) \$11,780-\$23,540 12(19) >\$23,540 14(22)
Race	Asian/Pacific Islander 1(2) Hispanic/Latino 46(72) American Indian/Alaska Native 0 Black/African American 6(9) White 10(16) Two or more/Other 0

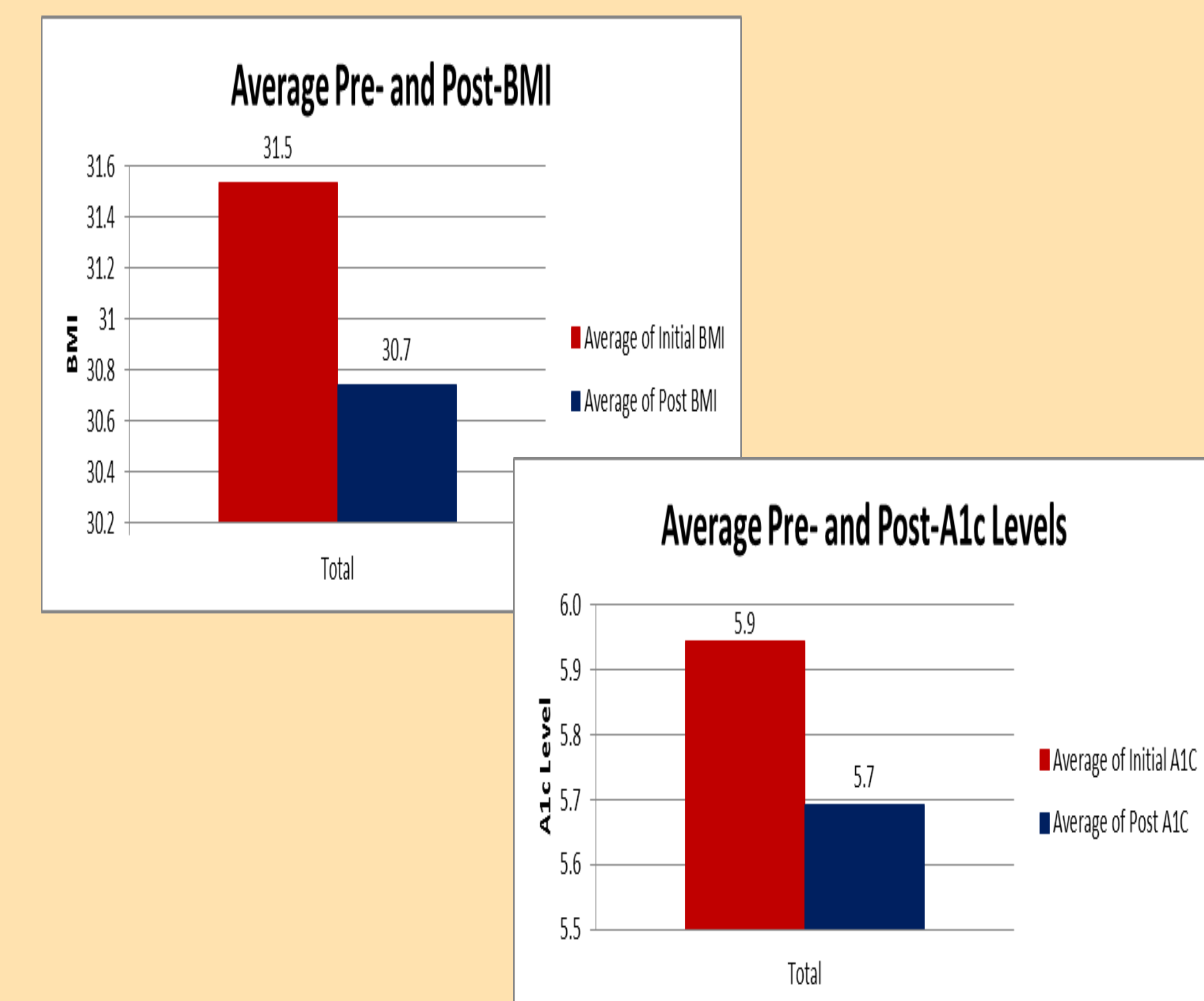


RESULTS

Screening revealed a high prevalence of prediabetes in the community: 205 of 419 (49%) individuals identified as having prediabetes.

Patients who completed the program demonstrated:

- 80% showed A1c improvement resulting in reduced risk of developing type 2 diabetes and achievement of participant's personal goals of lifestyle modifications.
- 43% were successful in lowering their A1c to within normal range (<5.7%) through effective self-management skills.



CHALLENGES

Poor class attendance:

- Decreased awareness of the importance of disease education
- Lack of personal and/or clinical support
- Childcare
- Transportation
- Other priorities

CONTACT

Genevieve Thompson, BSN, RN, CDE
Team Coordinator, SNVMC Diabetes Management Program
GGTHOMPS@sentara.com

Johanna Segovia, MPH jxsegovi@sentara.com
Community Health Educator

REFERENCES

1. Centers for Disease Control and Prevention. National diabetes statistics report: estimates of diabetes and its burden in the United States, 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.
2. Centers for Disease Control and Prevention. Diabetes Report Card 2012. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2012.
3. Syx, Rebecca. The Practice of Patient Education: The Theoretical Perspective. *Orthopaedic Nursing*: Jan/Feb 2008; 27(1).