DIABETES MANAGEMENT FOR COMMUNITIES OF COLOR: EVIDENCE FROM A STUDENT-RUN FREE CLINIC IN MN

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INTRODUCTION

Persistent and increasing rates of diabetes continue to concern public health officials. Residents in the Phillips Neighborhood of South Minneapolis are affected by diabetes at a greater rate than their neighbors; yet little is known about the availability of diabetes management strategies and resources.[1]

The Phillips Neighborhood Clinic (PNC), a student-run free clinic sponsored by the University of Minnesota, aims to learn more about the people who receive diabetes care in the south Minneapolis Neighborhood and develop strategies to address barriers to care faced by patients. New information is needed on the status of their diabetes management to adjust clinic operations and services to meet the needs of the patient.

The purpose of this study is to identify resources most needed by the Phillips neighborhood community and recommend improvement strategies for the delivery of diabetes management care.

RESULTS

From January 18th to April 6th, 2023, 16 responses (N=16) were collected on clinic nights (Mondays and Thursdays). Data indicated some concerns for the clinic:

- Majority of patients that responded (n=12, 75%) are either unemployed or make less than $25,000.
- Majority of respondents do not speak English as their preferred language (53.8%).
- About 33% of respondents haven't seen a doctor for their diabetes in over 1 year.
- Majority (n=9, 56.3%) of respondents say their diabetes worries them or feels like a burden.
- Eight patients indicated they wish they had better eating habits, and two of those reported not having control over their diet and the food they have access to.

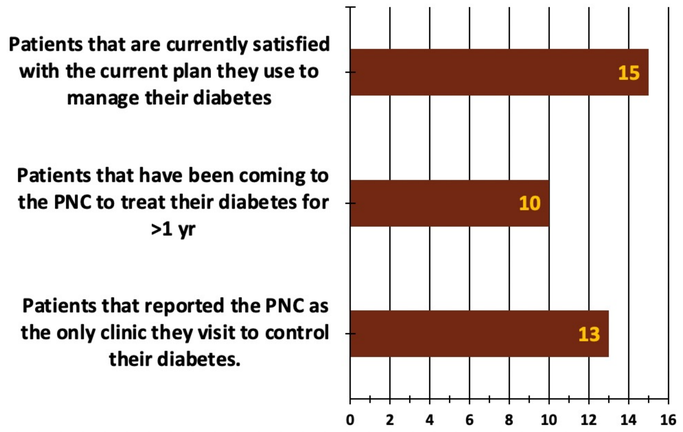

Figure 1. Bar graph indicating positive survey results, including satisfaction of current management plan, and frequency of use of PNC.

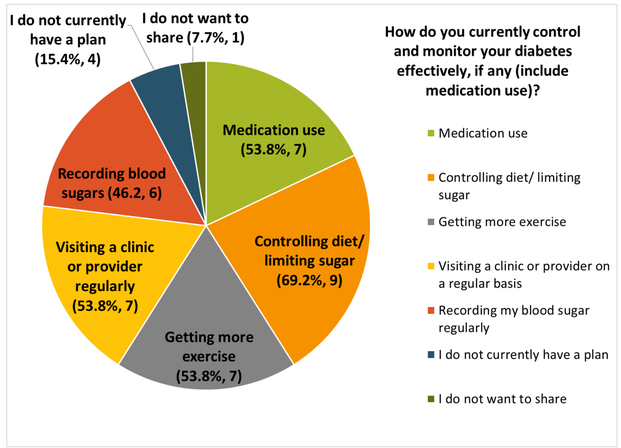

Figure 2. Survey results for the question: "Diabetes is a chronic long term health issue. How do you currently control and monitor your diabetes effectively, if any?"

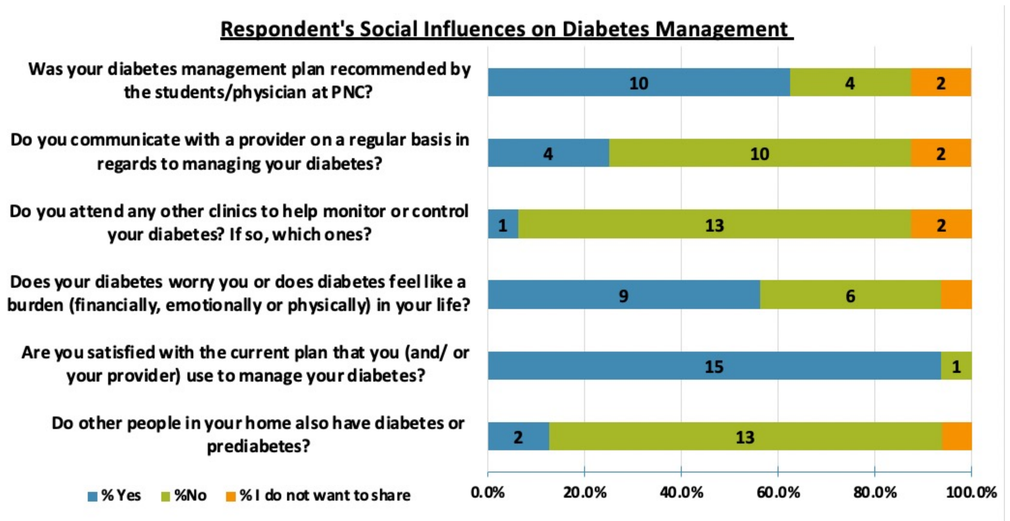

Figure 3: The chart above depicts percentages of 'yes', 'no' and 'I don't want to share' answers from survey questions pertaining to social and personal factors influencing their diabetes management.

METHODOLOGY

A survey instrument, designed to identify gaps in current diabetes care, was distributed to patients visiting the clinic from January 23 to April 6, 2023 (22 clinic nights total). The objectives of this study are 1) to use the Model for Improvement to guide decisions for clinic quality improvement[2] and 2) answer the following questions to better understand needs of the community.

- What resources are clinic patients using and how often?
- What are patients' feelings or attitudes towards the current management of their diabetes?
- What resources are missing?
- What barriers are preventing an established diabetes plan?
- How can clinic operations be improved to better meet the needs of this specific population in south Minneapolis?

CONCLUSIONS

- **Barriers to proper management include: cost, language barriers, access to healthy and culturally competent food, stress about disease and PNC is the only clinic they visit.**
- **Patients are not meeting with a provider consistently, a vital aspect in controlling diabetes.[3]**

- In order to meet with providers more consistently, and frequent enough, a diabetes check-in program or one-stop shop (with a virtual option) can be designed and implemented for diabetics at PNC.
- Develop more resources in Spanish such as handouts and food coaching (Spanish cultured foods and food bank foods)
- Develop and implement a diabetes (or chronic disease)support group for the community.

REFERENCES

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