

# **2015-2016 DIABETES EDUCATION & PREVENTION**

#### **SUMMARY**

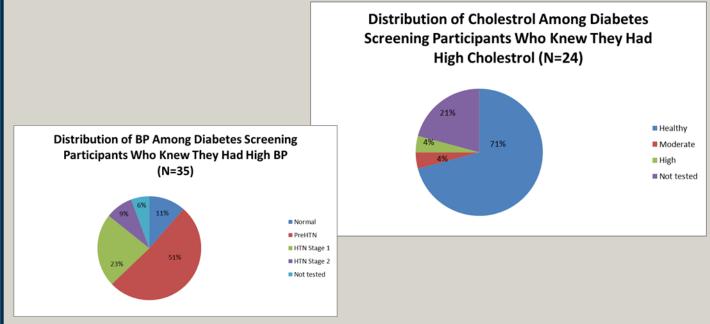
The St. Luke's Miners Diabetes Education Center, accredited through the American Association of Diabetes Educators (AADE), provides individual and group Diabetes Self-Management Training (DSMT) to community members living with diabetes. The program began at the St. Luke's Miners Memorial Hospital in 2012 and now has three Certified Diabetes Educators (CDE) associated with it. The Center is also pursuing program accreditation with the CDC for the National Diabetes Prevention Program (DPP) which is a two year process. The DPP helps those with prediabetes and/or those at risk for type 2 diabetes make life-style changes to decrease their risk of developing type 2 diabetes.

### HIGHLIGHTS

- Received approval from the AADE to expand the diabetes education program to the Allentown and Bethlehem campuses focusing efforts on uninsured and underinsured patients.
- Partnered with the Hispanic Center of the Lehigh Valley to hire a Community Care Worker to work with poorly controlled diabetic patients at the St. Luke's Southside Medical Center. Patients will be provided care coordination to improve health outcomes and enrolled in the Diabetes Self-Management classes being held at the Hispanic Center of the Lehigh Valley.
- Finished the inaugural year of the DPP program piloting two classes for St. Luke's employees identified as being prediabetic.
- Incorporated local CSA shares from Leiby's Farm into the Miners Diabetes Education Center where the CDEs will teach patients about healthy eating and improving access to fresh produce.
- In partnership with the Hispanic Center of the Lehigh Valley and Capital Blue, conducted two community diabetes screening events in South Bethlehem. As part of the screening, participants had their blood pressure taken, had blood drawn for total cholesterol and Hemoglobin A1C levels, received education for high blood pressure, cholesterol and diabetes and met with a patient navigator to discuss overcoming barriers to receiving health care.

## SUCCESSES

- The highest risk diabetic patient enrolled in the DSMT program had a 5.6% improvement in pre (12.4)/post (11.7) program HgbA1C levels.
- Average total cholesterol of DSMT patients improved by 8% pre (174.26)/post (160.17) program.
- Conducted diabetes screening for 84 community members with the following outcomes:
  - $\Rightarrow$  Of the 49 participants who had blood work, 32% had a high risk score for diabetes,
  - ⇒ Of the 70 participants who had all blood work completed, 16% had a Hemoglobin A1C of 7 or higher,
    - $\diamond~~26\%$  had cholesterol levels classified as moderately high and high
  - $\Rightarrow$  Of the 62 participants who had a blood pressure taken, 89% were classified as having pre-hypertension.



## **CHALLENGES & NEXT STEPS**

- For community engagement to achieve positive results, program service delivery and staff need to be flexible to respond to the emerging needs of communities. Building trust with the community takes time and commitment from staff. As the community based DSMT and DPP programs evolve, out-reach time will need to be built into the roles and responsibilities of staff to increase the total number of community members engaged in diabetes programming.
- Many diabetes screening participants who reported being told by a provider in the past that they have high blood pressure and high cholesterol still do not have their diagnosis under control.



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