

Findings From Hispanic Patient Listening Sessions On Diabetes Care At A.F. Williams Family Medicine Clinic

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BACKGROUND

Hispanic patients at AF Williams Family Medicine Clinic have been identified by clinic leaders as having the lowest rates of glycemic control (A1c <8%). Extant literature emphasizes a cultural component to effective glycemic control, which we sought to better characterize to tailor ongoing intervention strategies.

METHODS

Patients were recruited to participate in two different guided listening sessions in which qualitative data was collected. The first session (10/2023; n=5) was to generally understand barriers and facilitators to diabetes management while the second session (07/2024; n=5) focused on attitudes towards nutrition education, group visits, and behavioral health.

RESULTS FROM THEMATIC ANALYSIS

In both sessions, there were recurring themes of education, culture, struggling to understand and accept the diagnosis of diabetes, and the importance of support from family, clinic providers, and their community.



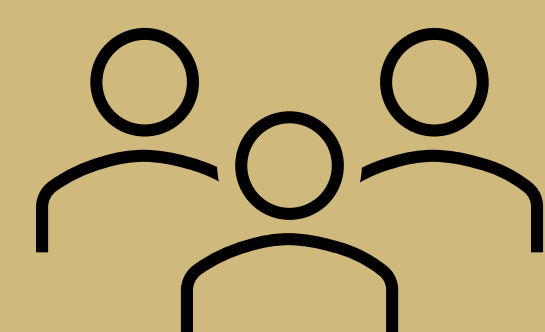
scan QR code for detailed results

DISCUSSION

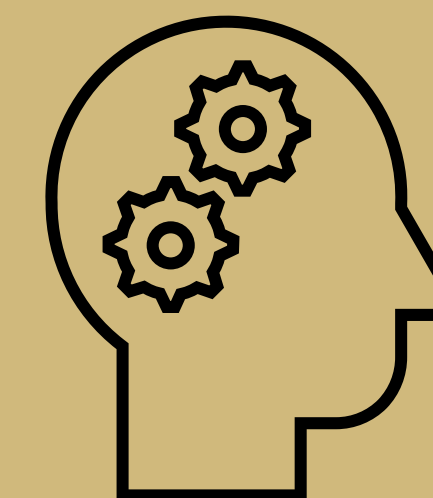
Interventions to improve glycemic control among Hispanic patients at AF Williams should be culturally tailored and leverage the strong sense of community within this population. Strengths of this study include candid discussions facilitated by the listening session format. Limitations include low attendance rates despite thoughtful recruitment efforts, which may indicate that other avenues of patient feedback should be considered. AF Williams providers and staff will continue to enhance clinic workflows as part of ongoing quality improvement efforts to address health equity.

There are no conflicts of interest to disclose. For correspondence, please email erica.chan@cuanschutz.edu.

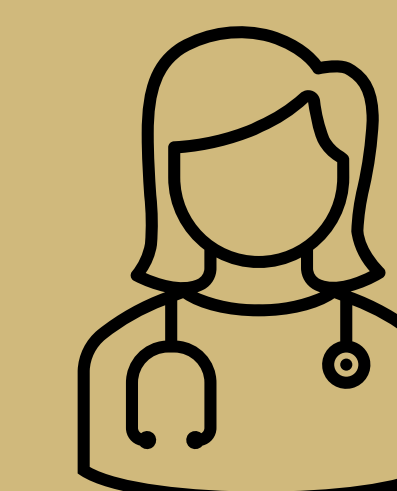
- "I wish there was more education"¹
- "[I] constantly think about what I am going to feed my family"¹
- "A lot of my success in managing my diabetes is attributed to my wife"¹
- "I want to see my doctor, not another doctor"¹
- "[Recipes] must taste good. That is a cultural thing"²
- "When she told me 'you're type 2 now', I was shocked... and felt disbelief"²
- "A majority of my issue is me not taking care of myself [and my] diet"²
- "I would like it to be the same [group] every time because you're going to learn from what you've done from month to month"²



What patients said...



What we heard...



What we did/are doing...

- More & tailored education^{1,2}
- Food & culture are inseparable^{1,2}
- Difficulty accepting diagnosis^{1,2}
- Managing diabetes is difficult^{1,2}
- Family involvement¹
- Continuity of care¹
- Group visit concerns²

- Culturally relevant educational materials for patients
- Behavioral Health referrals to help process diagnosis
- Increased point-of-care A1c testing and better tracking
- More proactive measures to schedule follow-ups
- Identify high risk patients for extra support
- Community outreach and education events
- Plans to implement group visits