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Diabetes Education and Exercise

Emily H. Oliver

Lauren Coritt

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Diabetes Education and Exercise

Emily Oliver

Partner: Lauren Coritt

Brookfield Primary Care and Pediatrics

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Need

- ~ 9.6% of Connecticut residents have been diagnosed with diabetes, this statistic has been steadily increasing for over two decades
- Level of education and income are inversely related to percentage of residents diagnosed with diabetes

In Connecticut, approximately 23.5% of adults report doing no physical activity or exercise

 Percentage of those who do not partake in physical inactivity is inversely related to level of education and income

Need Continued

- Brookfield Primary Care sees many patients with diabetes, pre-diabetes, and metabolic syndrome who have misconceptions about appropriate exercise regimens for their current health conditions. This community would benefit from a concise, efficient source to get reliable information on their health condition and local options for appropriate exercise.
- We spoke with multiple patients who expressed concern about being unable to participate in "vigorous" exercise at a standard fitness center.
- Our goal was to provide information about local resources for community members to breakdown stereotypes of what exercise could mean for them and encourage them learn more about their health condition.

Costs and Considerations

- While cost may vary by resource, the goal is to provide information about free and low-cost resources available to community members.
- **YMCA membership:** \$40-\$100/month (financial assistance available)
- Americares: No cost (must meet income eligibility criteria)
- Parks and Recreation: No cost
- ► Healthy Weighs Wellness Center: Price varies by service
- Brookfield Senior Community Center: No cost/\$20 (residents/non-residents) (Must be 65+ y/o)
- ▶ Diabetes Self-Management Education (Nuvance Health): most insurances will cover costs

Community Perspectives

(Director of Americares Free Clinic)" If I am working harder than you are to keep you healthy then we have a problem"

(Program Coordinator at YMCA): I think there is a definite need for the physicians to educate them on this program, we just don't get the referrals. We run the class throughout the year. We need at least 6 to run the class. We can do the program virtually now as well.

Intervention + Methodology

Produce and distribute pamphlet to patients with diabetes, prediabetes, and/or metabolic syndrome who express concern about meeting the recommended exercise regimen

The project team researched local options for diabetic education and low-cost/free exercise resources

The project team reached out to local community leaders to gain insight on regional offerings for community members with chronic diseases

Summarize information into an easy-to-read pamphlet.

Office staff will offer pamphlet to patients who express concern about meeting the recommended exercise regimen

- There was inadequate time allotted to collect data during the scope of this project. The ideal results would be an increase in patient compliance with exercise guidelines as assessed by increased patient-reported activity minutes
- Long term goals:
 - Decrease in HbA1c
 - Decrease blood pressure
 - Reduce patient weight or BMI
 - Achieve optimal blood glucose level
 - Decreased medication burden
 - Reduce reliance on insulin



Evaluation of Effectiveness

- Time constraint was the major limitation of project
- ► Time constraint of physicians in a single visit to address exercise concerns and motivational interviewing
- Difficulty engaging local community leaders in discussions regarding resources and community needs
- Effectiveness is hard to quantify due to reliability of patient-reported activity minutes

Future Recommendations

1

Book all diabetes follow-up visits for 30-minute appointments

2

Encourage physicians to engage patients in conversation about their preferred method to get active, this will help with motivational interviewing and overall motivation to exercise 3

Create a survey evaluating patients' preconceived notions of what exercise is

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