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Culturally Appropriate Diabetes Education Helps Karen- and Qanjobal-Speaking Patients Lower A1C

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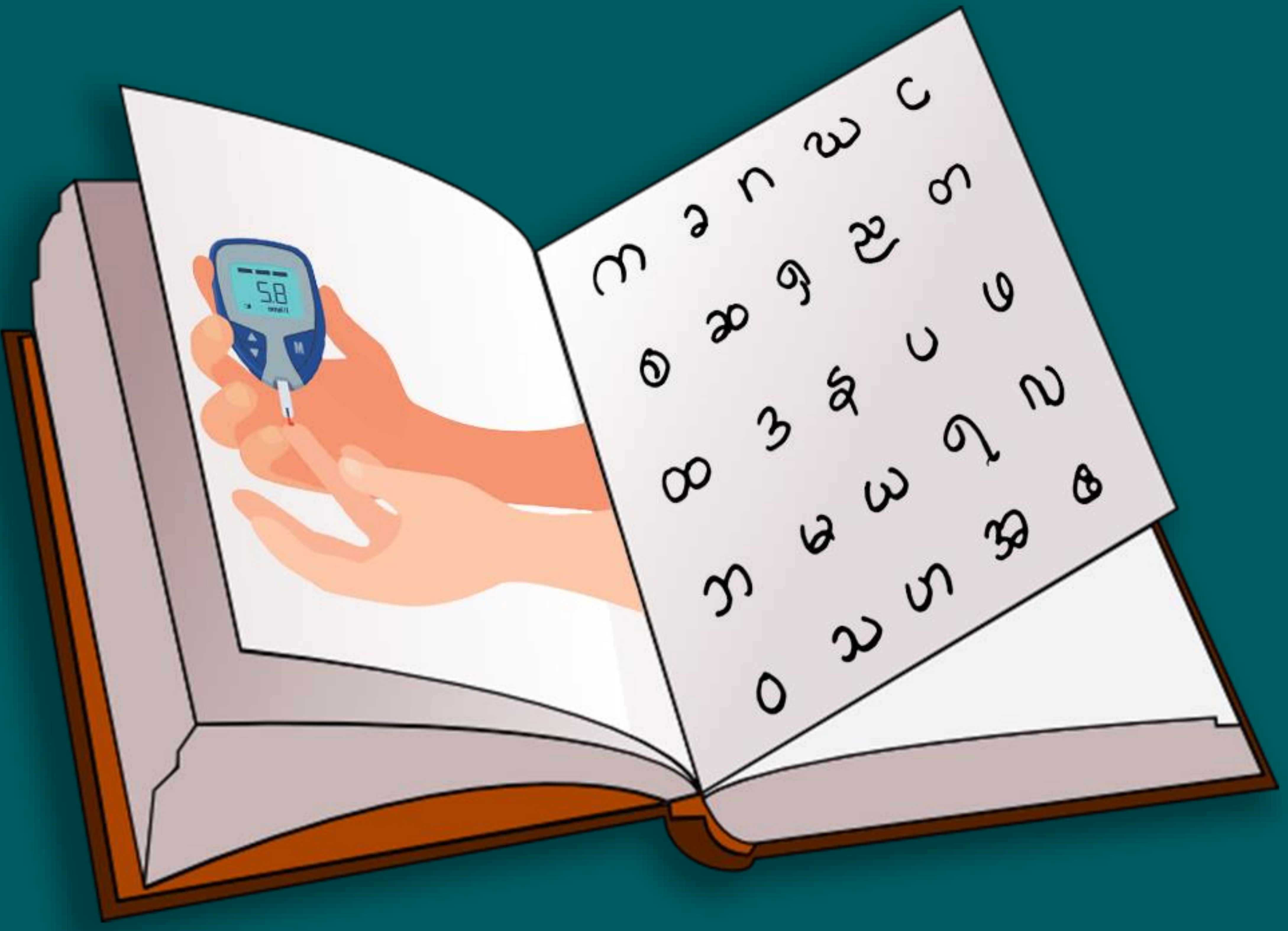
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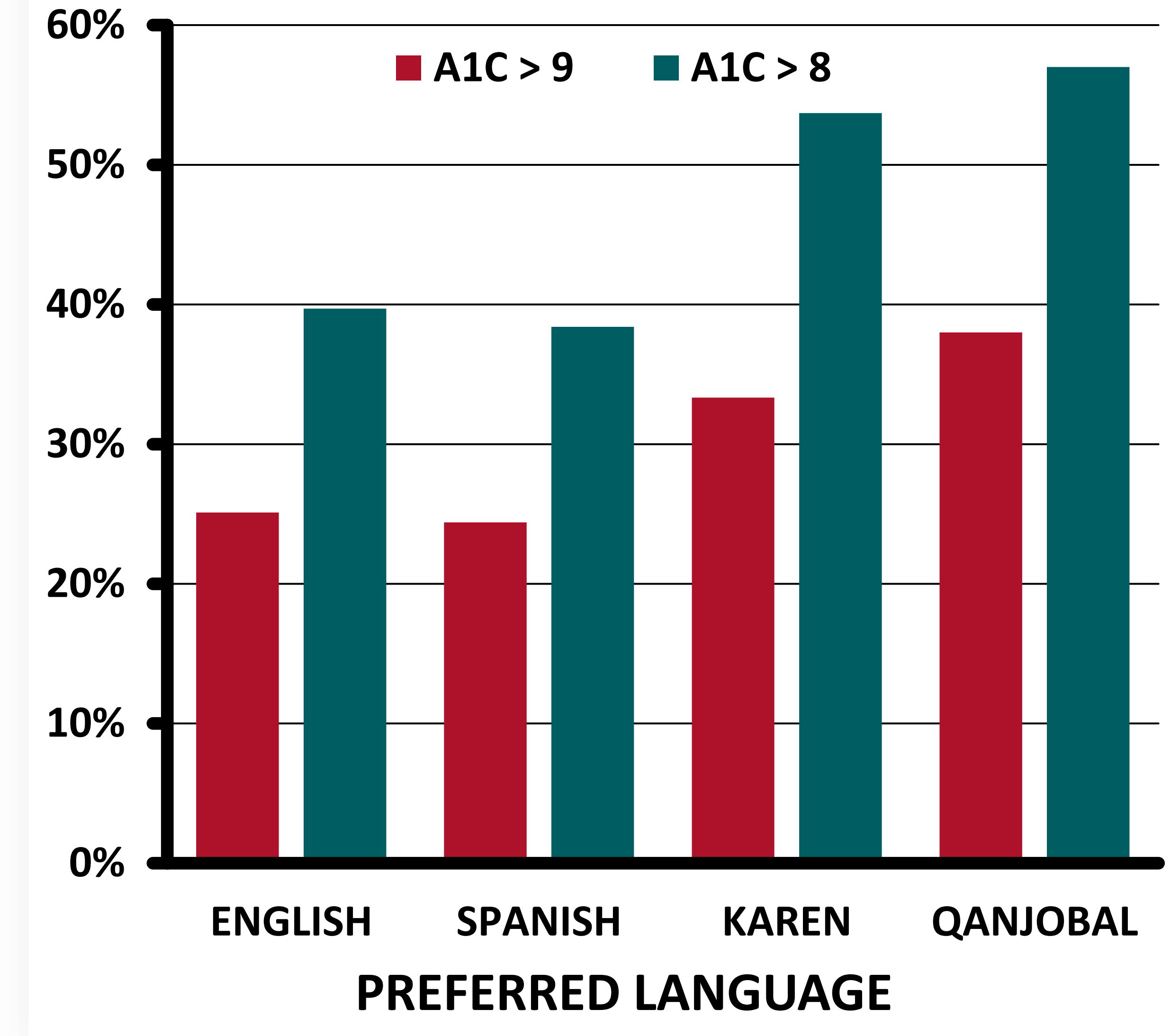
Culturally appropriate diabetes education helps Karen- and Qanjobal-speaking patients lower A1C



Cruz Longoria BS, Maggie Hutson BS, Jenenne Geske PhD, Melanie Menning MD MPH

Background

PERCENT OF PATIENTS WITH DIABETES WITH ELEVATED HEMOGLOBIN A1C



Methods

Mixed study evaluating barriers and facilitators to diabetes control in Karen- and Qanjobal-speaking populations



Chart review of 73 patients who:

- Received care between 1/1/21-3/10/23
- Have type 1 or 2 diabetes
- Prefer to communicate in Karen or Qanjobal

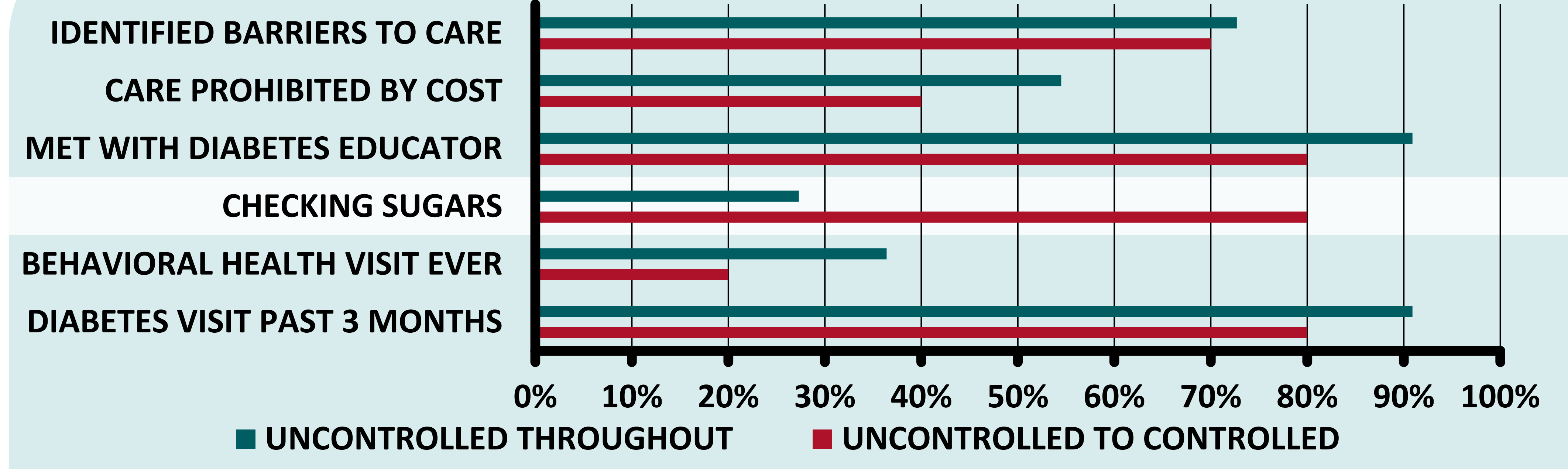
VARIABLES RECORDED	
AGE	GENDER
PREFERRED LANGUAGE	INSURANCE STATUS
MEDICATIONS PRESCRIBED	BARRIERS TO CARE
A1C	LITERACY LEVEL
CARE SUPPORTS	FEAR OF INJECTABLES
# VISITS WITH DIABETES EDUCATOR	# VISITS WITH PHARMACIST



Key stakeholder interviews conducted with local members of the Karen and Qanjobal communities

Results

SYSTEM/SDOH FACTORS AFFECTING DIABETES CONTROL



For patients uncontrolled at the beginning of the study, they were significantly more likely to be controlled at the end of the study if they were checking sugars (p=0.030).

Major barriers to diabetes control facing Karen- and Qanjobal-speaking patient populations identified by key stakeholders

Next Steps

Develop culturally and linguistically adapted patient educational videos

Inform and restructure clinic processes

Increase access to diabetes education



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