Prediabetes: A Shared Prescription for Health for Hispanic Primary Care Patients.

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**BACKGROUND / INTRODUCTION**

- Prediabetes refers to abnormally elevated blood glucose (BG) that does not meet criteria for diabetes.
- Approximately 38% of adults in the United States have prediabetes.
- Adults diagnosed with prediabetes at the age of 45 have a 74% lifetime risk of developing diabetes.
- Minority populations, including Hispanic adults, are twice as likely to develop diabetes than non-Hispanic white adults.
- Prediabetes can be reversed, however, current strategies (such as the Diabetes Prevention Program) are time intensive and not available to all patients, creating an opportunity for novel disease prevention interventions.
- Shared decision-making (SDM) allows patients and clinicians to share information and reach mutual agreement.
- Use of a Patient and Stakeholder Advisory Committee (PASAC) is a novel strategy that has been used in other settings to include the patient voice in study design.

**METHODS**

**Phase 1**
- Exploratory study
- Selected Hispanic adults with diagnosis of prediabetes and labs within 2 years of registry creation.
- Structured interviews including review of a culturally tailored prediabetes infographic.

**Phase 2**
-Shared Decision Making (SDM) tool
- Co-created prediabetes SDM tool with patients, clinicians, and other stakeholders.
- Pilot study of prediabetes SDM tool in primary care practices.
- Modification of the Prediabetes SDM tool at final PASAC meeting.
- Co-created initial prediabetes SDM tool with A PASAC.

**RESULTS**

**Table 1: Risk Perception Survey scores**

<table>
<thead>
<tr>
<th>Developing Diabetes Category</th>
<th>Mean</th>
<th>Median</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes risk knowledge</td>
<td>5.59</td>
<td>5.50</td>
<td>0.45</td>
</tr>
<tr>
<td>Personal control</td>
<td>3.05</td>
<td>3.00</td>
<td>0.53</td>
</tr>
<tr>
<td>Personal worry</td>
<td>3.21</td>
<td>3.50</td>
<td>0.73</td>
</tr>
</tbody>
</table>

**Table 2: Risk Knowledge Score Evaluation**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Mean</th>
<th>Median</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS or less</td>
<td>15.20</td>
<td>21.00</td>
<td>5.74</td>
</tr>
<tr>
<td>More than HS</td>
<td>15.43</td>
<td>15.43</td>
<td>4.93</td>
</tr>
</tbody>
</table>

**Exemplar quotes from qualitative data set**

- "I know [prediabetes] is bad. It’s bad, a lot of sugar in your blood. It’s pretty, very bad. ” [Knowledge]
- "Diabetes is irreversible. It can’t be cured. But with prediabetes, we still have time, and we can reach the lowest level, and even recover.” [Personal Control]
- "The doctor says I’m right on the border. One more, I’m going to go diabetic. It’s very, very scary for me. It’s very, very scary.” [Worry]

**DISCUSSION**

- Mixed methods analysis demonstrated consistently low prediabetes knowledge in Hispanic adults (many were not aware of diagnosis or had a conversation with a clinician about treatment options).
- Participants who were aware of diagnosis expressed high scores of both worry and personal control, indicating possible receptivity to behavioral change.
- There is a need for culturally tailored diabetes prevention interventions to educate and activate patients about treatment options.
- It is feasible to assemble a PASAC to have diverse and other stakeholders.

**FUTURE IMPLICATIONS**

- Further development of prediabetes infographic and decision aid within Patient and Stakeholder Advisory Committee.
- Pilot testing in primary care practice.
- Revising decision aid with clinician feedback.
- Increase discussions between patients and clinicians on diabetes prevention strategies with an efficient SDM tool.

**REFERENCES**


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