

Improving care for Spanish-speaking people with diabetes in a free clinic setting

Author: [Ismail, Mohamed Hani](#)

Abstract

Background: The risk for diabetic complications is especially high for those with socioeconomic, health-insurance, and language barriers. Spanish-speaking patients receiving care in free clinic settings experience all these barriers and thus require tailored interventions to meet their diabetic-care goals. A literature review of interventions for Latinos in free clinics found that pharmacist-led education; health education taught by other individual educators; and team-based education improved glycemic control. Potential challenges to the implementation and sustainment of such interventions have also been described.

Objective: My goal was to identify and assess the determinants of implementation and sustainment of health education interventions for Spanish-speaking diabetics getting care at a free clinic. I planned to use these results to develop a plan for change to improve diabetic care at this clinic.

Methods: I conducted focus groups and interviews with patients, providers, board members, a donor, and a peer clinic director based on the Consolidated Framework for Implementation Research (CFIR). I then developed a plan for change based on the Exploration, Preparation, Implementation, Sustainment (EPIS) framework, including the selection of an intervention and preparation of the clinic for its implementation.

Results: Key determinants of an intervention's potential implementation were: an unmet need for inclusive, comprehensive, group health education taught by individual educators; poor staff communication and the lack of a patient registry; and a lack of awareness of patient needs and a lack of implementation leadership from the providers and board. The key determinants of sustainment were the clinic's networking with external organizations and grant management.

Plan for change: I identified two no-cost, diabetes self-management programs in the community to sustainably meet patient and clinic needs. I recommend educating providers about these programs and using existing funding for site preparation (including an improved communication network and an electronic patient registry). To lead these efforts, I recommended the establishment of an implementation team.

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