

POSTER ABSTRACTS

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Evaluating Care Delivery 23

Effects of Group Visits for Hmong Patients with Type 2 Diabetes Mellitus: Quantitative and Qualitative Analyses

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Background: Hmong refugees with type 2 diabetes mellitus (DM2) have poor glycemic control. Group visits have improved glycemic control in mainstream patients, and could be helpful for Hmong patients.

Methods: Evaluation of group visit intervention at a community clinic network involved 39 patients (64% of known Hmong adults with DM2). Groups were conducted at 3 clinics and met monthly x 3, then quarterly for one year. Matched t-tests compared pre- and post-intervention biological variables (hemoglobin A1C (A1C), blood pressure (BP), low-density lipoprotein (LDL), body-mass index, micro-albuminuria), Hmong Hopkins Symptom Checklist 25 (HHSC-25), and self-reported diet and exercise. Qualitative analyses of hour-long group visit discussions were done by two investigators on N*6 using standard qualitative data analysis method and were reviewed by third person.

Results: Subjects had mean age of 57 years, mean duration of diabetes of 5.1 years, and 64% were women. Subjects attended a median of 4 group sessions. Mean baseline A1C was 9.5%, BP 133/78, and LDL 128. Pre- and post- biological variables did not change. HHSC-25 anxiety and total mental health scores improved ($p < .01$ and $p < .05$). Self-reported diet and exercise worsened ($p < .05$). Mean number of prescribed medicines increased from 3.2 to 4.6 ($p < .001$). Care guidelines were followed (82% flu shots, 87% feet exam, and 87% eye exam.)

People understood diabetes as a result of their refugee experience, from loss of country, culture, and lifestyle. Diabetes was blamed on change in diet (increase in amount, new foods, and chemicals), lack of sweating (to get rid of salt, sugar, and chemicals from food), and emotions (stress in family relations, and depression). Adjustment to diabetes was difficult, due to challenges in adjusting to life in US, fears of complications and medicines, anger at disease and family, and exasperation with limited results from efforts. Peer support was expressed in multiple ways.

Conclusion: The intervention was associated with intensified treatment of diabetes and related conditions, and led to improved mental health, but did not improve glycemic control. Group visits may have had positive influence on emotional aspect of dealing with diabetes. One year may be insufficient time to illustrate improved glycemic control.