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### Community Healthcare Workers (CHW) High-Risk Stabilization Study: Does the Ability of CHWs at Mobile COVID Clinics to Link patients with Uncontrolled Diabetes to a Physician Improve Short Term Outcomes?

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# Community Healthcare Workers (CHW) High-Risk Stabilization Study: Does the Ability of CHWs at Mobile COVID Clinics to Link patients with Uncontrolled Diabetes to a Physician Improve Short Term Outcomes?

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## Background

Many individuals have undiagnosed medical conditions, and there are hopes that community healthcare workers (CHWs) in mobile clinics may be able to increase availability of screening and consequently improve outcomes. These effects may be especially pronounced in underserved communities with reduced access to primary care and increased rates of chronic conditions such as diabetes and kidney disease.<sup>1</sup>

## Goal

To see if mobile COVID clinics can screen for and improve short-term outcomes of unstable diabetes by connecting patients to a physician

## Methods

- ❑ Screen for diabetes and hypertension at various mobile COVID clinics in NJ
- ❑ Educate patients with abnormal values
- ❑ Look for significant changes in uncontrolled diabetic patients (glucose >200mg/dL between initial visit and at follow-up)

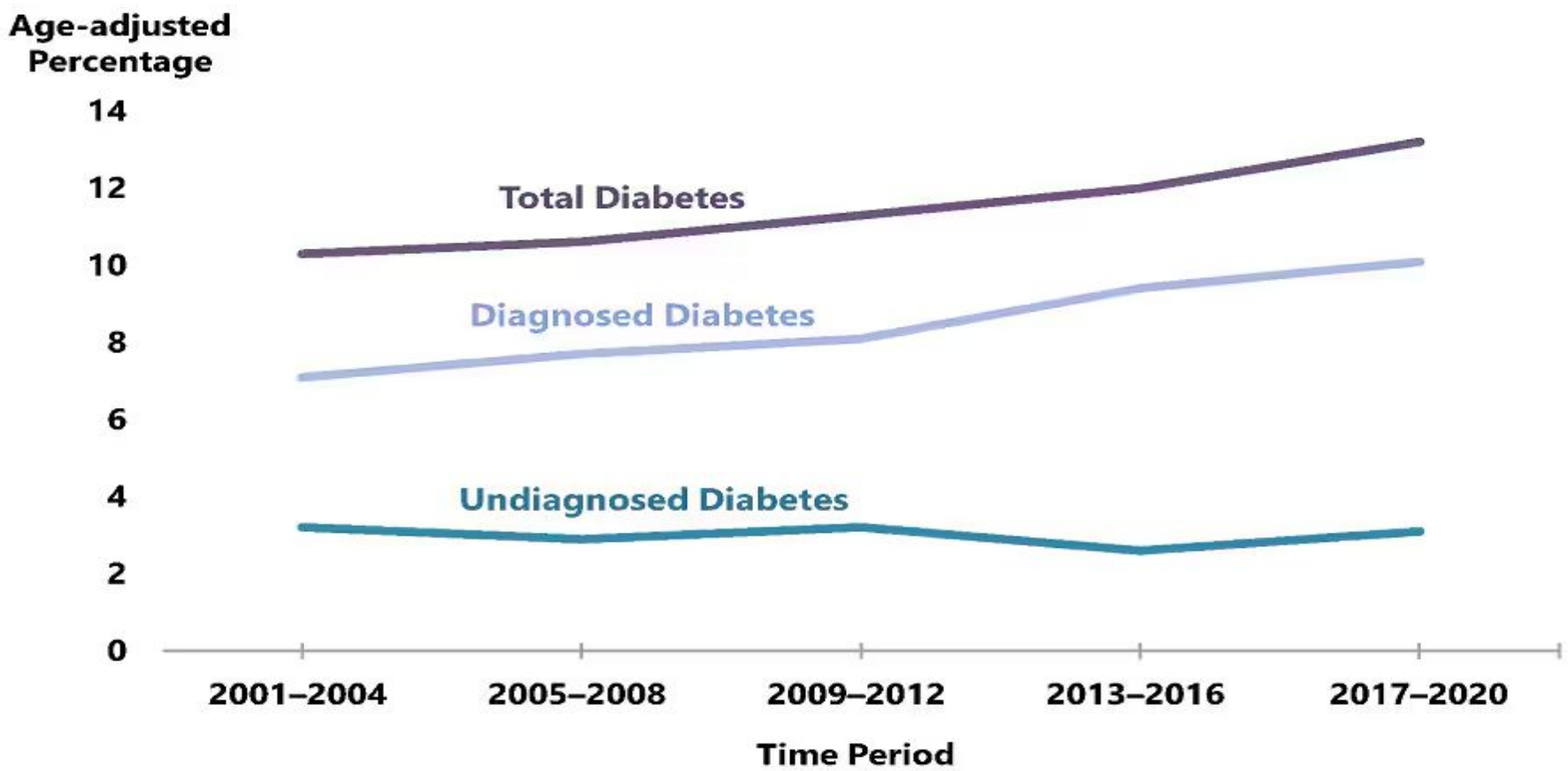
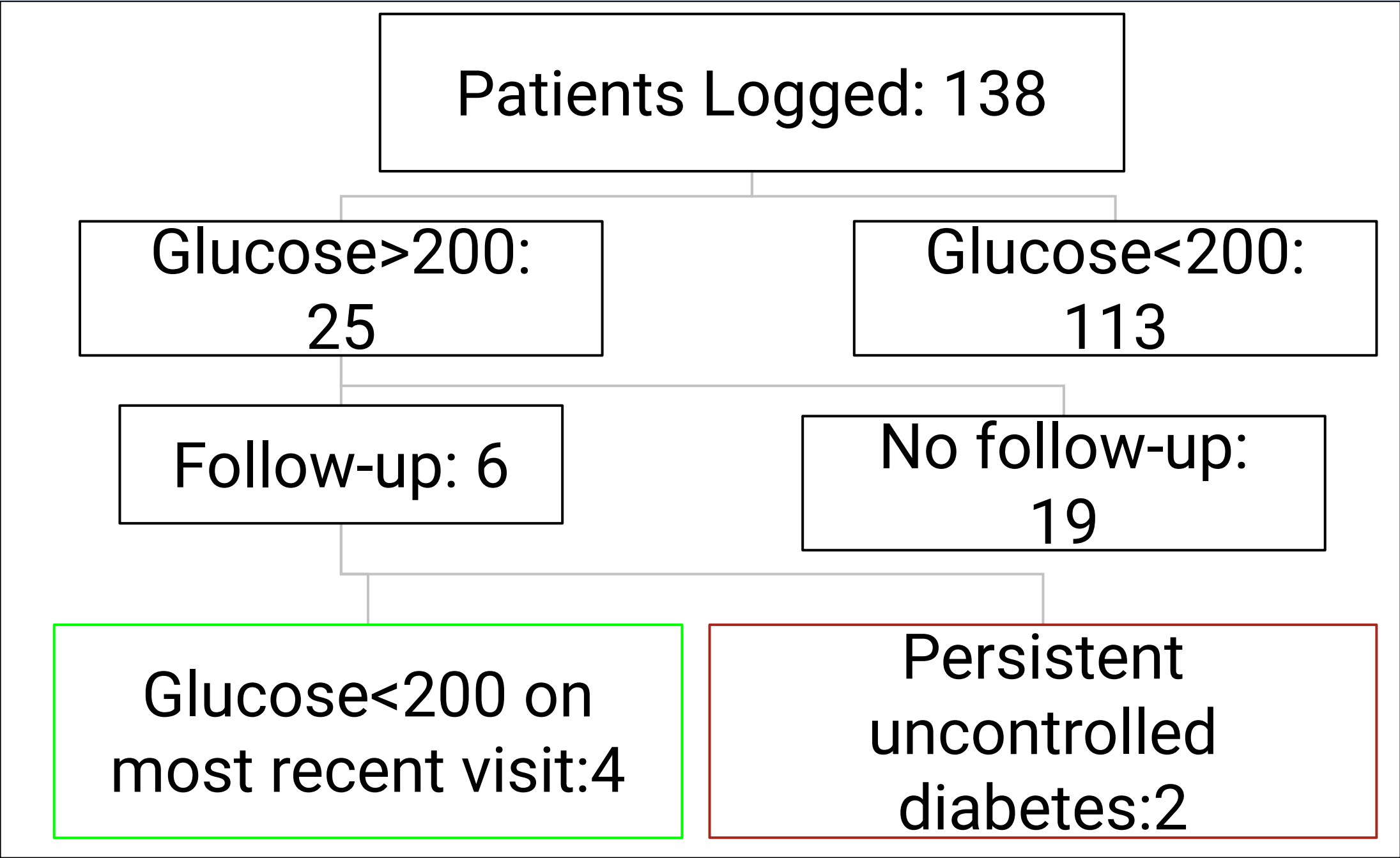


Figure 1: Prevalence of diabetes among adults over 18. Centers for Disease Control and Prevention. Accessed April 27, 2024. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>



## Discussion

### Results

- ❑ ⅔ of patients with uncontrolled diabetes had improvements at follow-ups d to meet the needs of diverse populations.
- ❑ 25 patients with uncontrolled diabetes indicates there are many adults who would benefit from CHW screening

### Difficulties in Assessment

- ❑ Despite clinics being held multiple times every month, there are very few where patients visit multiple times, originally 375 patients logged but only Bangladesh mobile clinics had a significant amount of follow-ups
- ❑ Too few follow-ups to look for improvements at specific intervals (30 days, 90 days)
- ❑ Nonfasting measurements means there is significant variance between days measured, helpful for marking someone at risk but difficult for monitoring improvement

Result*	Random Blood Sugar Test
Diabetes	200 mg/dL or above
Prediabetes	N/A
Normal	N/A

Figure 2: Results of Random Blood Sugar Test. Centers for Disease Control and Prevention. Accessed April 27, 2024. <https://www.cdc.gov/diabetes/basics/getting-tested.html>

## Conclusion:

- ❑ Preliminary results show benefits in screening for and improving diabetes outcomes, especially in areas with food insecurity due to its linkage with low medication adherence and poor glycemic control<sup>2</sup>
- ❑ Worth broadening data collection methods or scope to find statistical significance and identify other underlying conditions, such as uncontrolled hypertension and kidney disease
- ❑ This project is ongoing

## References and Acknowledgements

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2. Silverman J, Krieger J, Kiefer M, Hebert P, Robinson J, Nelson K. The Relationship Between Food Insecurity and Depression, Diabetes Distress and Medication Adherence Among Low-Income Patients with Poorly-Controlled Diabetes. J Gen Intern Med. 2015;30(10):1476-1480. doi:10.1007/s11606-015-3351-1