

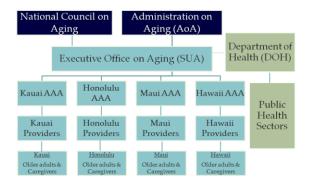
## Hawaii Healthy Aging Partnership: Clinical Outcomes Project - Fact Sheet

A joint project of the Hawaii State Department of Health Diabetes Prevention and Control Program, Kokua Kalihi Valley Comprehensive Family Services Elder Care Program, and the University of Hawaii Office of Public Health Studies



## **Hawaii Healthy Aging Partnership**

The Hawaii Healthy Aging Partnership is a coalition of partners from the Aging Network and Public Health sectors dedicated to embedding evidence-based health promotion programs since 2006.



## **Clinical Outcomes Project**

This project assessed changes in clinical measures as well as self-management behaviors among people with diabetes after attending the Stanford Diabetes Self-Management Program. This project was affiliated with the Hawaii Healthy Aging Partnership and was carried out by the Hawaii State Department of Health Diabetes Prevention and Control Program, Kokua Kalihi Valley Comprehensive Family Services Elder Care Program (Federally Qualified Health Center), and the University of Hawaii.

- Target population: Adults (18+) with type 2 diabetes
- Sample size: 101Measurements:
  - Pre-post questionnaire
    - Satisfaction survey
    - Clinical Measures
      - Fasting blood sugar, A1c, and lipids through finger prick
      - BMI, blood pressure
    - Behavioral Measures
      - Activity, symptom control, communication with physicians
      - Use of health care services

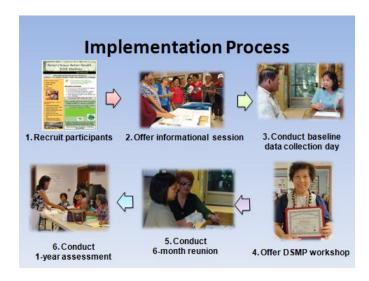
# **Stanford's Diabetes Self-Management Program**

This 6-week diabetes self-management workshop was developed and tested by Stanford University. The workshop provides tools to manage diabetes through lecture, problem-solving, and action planning. The workshop covers topics such as physical activity, nutrition, stress, communicating with health professionals, and managing diabetes.



## **Program Implementation Process**

The Clinical Outcomes Project was piloted at Kokua Kalihi Valley Comprehensive Family Services Elder Care Program. Efforts were made to implement the program to ensure that is was culturally appropriate for the local population.



#### **Evaluation Results:**

Between January 2012 and June 2013, Kokua Kalihi Valley Comprehensive Family Services Elder Care Program offered 8 workshops, 6-month reunions, and 12-month follow-up assessments for the participants who completed 4 or more sessions (out of 6 sessions).

Average class size: 12.6 people

 Workshop fidelity based on a 4-point Likert scale (1= poor to 4= excellent): 3.83

 Workshop completion rate (attended 4+ sessions out of 6): 100%

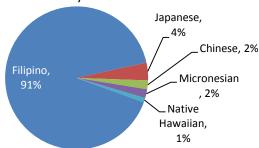
• 6-month follow-up completion rate: 85%

12-month follow-up completion rate: 63%

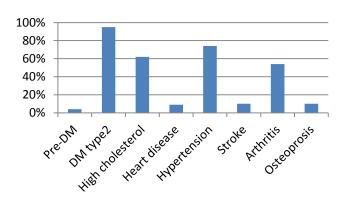
## Participant Demographics (n=101)

Mean age: 73 years oldGender: 87% FemaleEnglish limitation: 68%

Ethnicity:



• Prevalence of chronic conditions (self-reported):

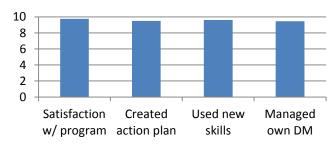




## Program satisfaction results (n=101)

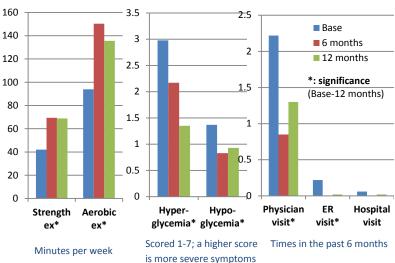
A majority of participants (94%) attended the workshop because they wanted to learn about self-management.

Participants reported high levels of satisfaction and confidence (scores ranges from 1 to 10, with a higher score indicating more satisfaction or higher confidence).

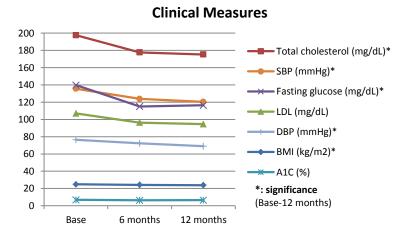


## 12 months follow-up results (n=54)

Participants reported more exercise, fewer symptoms, and decreased use of medical services.



Participants also improved clinical measures:



For more information on Hawaii Healthy Aging Partnership Clinical Outcomes Project, please contact the Hawaii State

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