Service Priorities and Programmes

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Submitting author: Ms Sze Man Candy WONG
Post title: Dietitian, Queen Elizabeth Hospital, KCC

Enhanced Dietetic Service Model for Ethnic Minorities in Primary Care Setting

Wong SM(1), Cheung TYE(1), Choy SY(1), Kwok M(1), Chan WLL(1), Cheung YHK(2), Chan LH(2), Chan SLD(2), Chan KHK(2)
(1) Dietetics Department, Queen Elizabeth Hospital, (2) FM & GOPC Department, Kowloon Central Cluster

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Introduction

A new collaborative model of Enhanced Public Primary Care Service (EPPS) was established in KCC FM & GOPC department under the HAHO enhanced primary care initiative in 2011 aiming to help patients stay healthy in the community. The ethnic minority in the locality which includes Indian, Pakistani and Nepali is more likely to experience disparities in healthcare access and utilization due to cultural differences and language barriers. As part of EPPS, dietitian service focuses on primary prevention for chronic diseases and enhanced care for ethnic minorities in the community setting through dietary counseling and behavioural modifications.

Objectives

To pilot the enhanced dietetic service model for ethnic minorities and report the clinical outcome in patients after dietetic intervention.

Methodology

To address the minority ethnic patients' special dietary and cultural needs: 1. Designated clinic with increased number and frequency of follow up was established; 2. Translated education booklets (in English, Urdu, Hindi and Nepali), special teaching aids, and supportive interpreter service on request were provided to facilitate individualized meal planning and diet education. The inclusion criteria of this retrospective service review are minority ethnic patients with chronic diseases (i.e. overweight/obesity, diabetes mellitus, hypertension, dyslipidaemia) referred from the 5 GOPCs of KCC for dietetic counseling, and these patients attended at least one dietitian consultation from Nov 2011 to Mar 2013. The changes in parameters such as body weight and relevant biochemistry (i.e. HbA1c, lipid profile) pre- and post-intervention (up to 6 months, i.e. Sept 2013) were studied. Patients with incomplete data were excluded from the data analyses.

Result

From Nov 2011 to Mar 2013, 183 patients received average 1.6±0.9 times of dietetic interventions. Among all patients, 95 had DM, 125 had HT, 171 were overweight or

obese, and 140 had dyslipidaemia. After dietetic interventions, the mean HbA1c of DM patients has improved from 7.9±1.5% to 7.1±1.2% ($p<0.001$). The mean LDL of DM patients has improved from 3.0±0.7mmol/L to 2.5±0.6mmol/L ($p<0.001$). Significant improvement in mean LDL was also noted in HT patients, with a drop from 3.5±0.9mmol/L to 2.7±0.9mmol/L ($p<0.001$). The mean body weight of overweight or obese HT patients has improved from 76.9±14.1kg to 75.2±13.4kg ($p=0.001$). Among all overweight or obese patients (including those with DM, HT and dyslipidaemia), about 11% achieved clinically significant weight loss (>5% of baseline body weight), with maximum weight loss in a patient up to 12kg in 8 months. Conclusion Dietitian provided tailor made dietary counseling for ethnic minorities by addressing their dietary and cultural needs. Unfortunately, this service review was unable to account for various confounders. The preliminary results show that the enhanced dietetic service model for ethnic minorities appears to benefit patients for improved clinical outcomes. In future, collaborative model involving multidisciplinary professionals and community network support could be explored.