

## PROGRAM PROFILE

<b>PROGRAM NAME: Anjna Patient Education</b>
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Faculty advisor: Dr. Lars Osterberg, Dr. Tien-Wen Wiedmann	Program location: Stanford University
Year Founded: 2010	Program Dates: May 2010 - Present
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Populations served: Bay Area Free Clinic Patients	Program Website: <a href="http://www.anjna.org">www.anjna.org</a>

### BRIEF DESCRIPTION

Anjna Patient Education is the first organization of its kind to specifically target free clinics for the purpose of reaching out to socioeconomically disadvantaged patients. Studies have shown that common diseases such as type II diabetes, hypertension, and depression are heavily prevalent amongst patients who are from the lowest socioeconomic tier, resulting in rising healthcare expenses which further exacerbate their circumstances. In addition, free clinics are often restricted to a very narrow budget and thus are unable to provide quality educational materials to their patients. Our project seeks to break this cycle by educating and empowering patients in free clinics to take a stand against these preventable diseases with good nutrition, diet, and lifestyle changes.

### GOALS AND OBJECTIVES

Due to our location at Stanford University, we are first targeting free clinics in Santa Clara County, CA in order to have a direct impact on our surrounding community before branching out to other clinics across the United States. Given the incredible diversity of the Silicon Valley population, tangible materials of the topics discussed with patients are often not readily available in all the languages spoken by patients who rely on free clinics for medical attention. In order to ameliorate this problem, our team of over forty translators has been diligently working on translations of widely available materials provided by organizations such as the American Diabetes Association (ADA) and the American Heart Association (AHA). Additionally, to minimize educational materials filled with text, Anjna is actively engaged in distilling this information into a textually minimal, visually appealing form that will more likely be taken into consideration. We believe that all patients, regardless of barriers created by native language, should have access to these materials, and our organization will provide these free-of-charge to our partner clinics.

In addition to translation, our second major objective is continuing to develop the training modules that we will be uploading to our website ([www.anjna.org](http://www.anjna.org)), so that new health education coordinators in our partner clinics will have guidance on how to use our materials for the development of successful health education programs. These tutorials consist of instructions and checklists that address the ethical aspects of giving people advice on something as precious as

human health, as well as techniques to impart the seriousness of a living a health lifestyle. This goal is extremely important, because the overarching vision of our organization is to create *sustainable* health education that will go far beyond the initial steps of simply providing clinics with a package of materials for their patients.

#### PROGRAM ACTIVITIES

At bimonthly intervals, our team of clinic coordinators will release surveys to the managers of our partner clinics to collect data on the number of returning patients who have made changes in their lifestyles. Evidence of changes in patient lifestyles will be accessed through statistics on reduction in body mass, the number patients who have given up of smoking, and the number of patients who provide verbal accounts of behavioral changes such as adopting an exercise or insulin intake regimen. Additionally, we will be administering opinion surveys to returning patients in order to judge whether they find the interaction with health educators to be a positive experience.

#### OUTCOMES

The two forms of result surveys described above will provide both a quantitative and qualitative perspective of the efficacy of our programs. After our programs are put into action, we expect to see a statistically significant increase in factors enumerated above and hope to receive positive feedback from patients on how to improve our services. This data will allow us to make informed future decisions on which areas our materials and training modules are working and which areas require amendment.

#### PROGRAM CHALLENGES

Currently the biggest obstacle to our organization is finding a sustainable source of revenue to expand our initiatives to future partner clinics. We have begun investing the idea of creating a profit arm of the organization, which will generate income to be re-routed to the development of health education programs in free clinics. Our other main objective is to pursue tax exemption status as a 501c3 organization to apply for major grants from organizations such as the Gates Foundation.

COLLABORATIVE PARTNERS (Can be on-campus organizations, academic departments, student organizations at other campuses, community health organizations and other partners)

Healthy Roads Media

Art of Living Foundation

BioAccel

**Optional data** (may include eligibility and selection criteria, acceptance and completion rates, participation by school, race/ethnicity, region, age group, class level.)

