Diabetes Mellitus Self-management: Comparison of Curricula Using a Promotora

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Purpose

- Compare 2 diabetes self-management education programs used with a Latino population in Allentown, Pennsylvania
- Describe the roles of a Promotora (a.k.a. Community Health Worker, lay health educator) in diabetes self-management education

Background

- Previous work shows increased patient activation with use of Promotora
- Disparity among Latinos and other ethnic groups in relation to diabetes and diabetes-related complications
- Need for culturally congruent diabetes management education for Spanish-speaking patients

Diabetes Education Programs

- **3 Family Medicine Outpatient Practices**
  - 1 residency-based, 2 CHC's
  - all promotora-led
  - weekly program (6 weeks)
- **2 Internal Medicine Outpatient Practices**
  - 1 Spanish language clinic; clinical team-led education, with physician participation and promotora support
  - 1 residency-based, promotora-led education
  - monthly program (12 months)
- **Both programs based on ADA guidelines and follow a sequential format**

Qualitative Methods

- **Focus groups**
  - 6, 12, and 18 month follow-ups
- **Observation notes**
  - Promotora roles and interactions
  - Class format and delivery
- **Communications**
  - E-mails
  - Meetings

Quantitative Methods

- **Participants surveyed at**
  - beginning of program
  - graduation
  - 6, 12, and 18 months after graduation
- **Clinical data for each participant:**
  - Intermediate diabetes markers (e.g HgbA1C)
  - self-management (foot exam, etc.)
  - Collected at beginning of program and every 3-4 months following

Class Characteristics

	FM Residency & CHC's Promotora-led	IM Residency Promotora-led	IM Practice Clinical Team-led
Demographics			
% Male	61.9	37.8	25.9
Average Age	50.6	55.6	56.6
% Medical Assistance	36.5	68.9	96.3
% Uninsured	55.6	22.2	3.7
% Income Below $20,000	39.7	53.3	44.4
% Income Above $20,000	3.2	8.9	-
% on Disability			
% Refused Income Question			
Recruitment			
# Enrolled	62	47	26
# Completed	46	23	14
Clinical Data			
Average HgbA1C	9.0	8.8	7.8
Average BMI	32.7	34.2	37.1

Preliminary Data Prevalence of Depressive Symptomsusing PHQ-9

	FM Residency & CHC's Promotora-led	IM Residency Promotora-led	IM Practice Clinical Team-led
% PHQ-9 % Majorly Depressed – Baseline	14.3	26.7	40.7
% PHQ-9 % Minorly Depressed – Baseline	-	2.2	7.4
% Completed Class	74.2	48.9	53.8
% PHQ-9 % Majorly Depressed – Post Class	7.9	-	-
% PHQ-9 % Minorly Depressed – Post Class	-	-	-

1st Year Learnings

- **Difficulties**
  - transportation
  - health problems
  - social barriers
- **One approach does not fit all**
  - Promotora
  - patient relationship
  - portable resource
  - flexibility across clinical care sites
- **Support Group resources available at one site**
- Development of partnership with community-based organization
- Participant desire to "pay it forward"

Limitations

- High withdrawal rate
- Each site delivered only one of the 2 curricula
- Timing of classes (variable access)
- Promotora Attrition (one of 2 resigned)

Future Research

- Completion of 2nd year of the study to be completed in 2011
- Partnerships between healthcare organizations and community-based organizations
- Cost analyses
  - ROI
  - Sustainability
- Self-sufficiency of support group