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**Promotoras and Diabetes: Challenges in Self-Management**



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*La Clínica de la Raza*



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*La Clínica de la Raza*

- A community health center serving 30,000 patients a year
- 84% Latino, 8% Asian, 6% African-American, 2% other
- 85% < federal poverty level
- 17 sites in in Alameda, Contra Costa and Solano Counties (California)
- Medical, health education, mental health, nutrition services, case management, dental, optometry, x-ray, pharmacy and lab services.

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*Diabetes at La Clínica de la Raza*

- 1451 diabetic patients tracked by registry
- Average A1c at the 6 clinic sites: 7.97
- Member of Bureau of Primary Health Care Diabetes Collaborative and Diabetes Prevention Prototype
- Member of Diabetes Detection Initiative

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*The Advancing Diabetes Self-Management Project*

- Intensive self-management support for our most challenging diabetic patients at our main site
- 11/03-5/04: Pilot Phase
- 6/04-12/06: Project Phase
- 108 patients enrolled, average A1C 9.2
- Funded by grant from the Robert Wood Johnson Foundation

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*The ADSM Project: 2 Key Elements*

- Lay Health Advisors (Promotoras)
- Patient-Centered Counseling based on the Trans-Theoretical (Stages of Change) Model

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### *ADSM Program Activities*



- Weekly 1:1 contact with promotoras
- Weekly walking club
- TTM staging in 4 main behavior areas (Taking Medication Correctly, Healthy Eating/Meal Planning, Exercise, and Self-Monitoring Blood Sugar)
- Stage-appropriate counseling from promotoras and providers
- Depression support group for patients with depression

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### *Promotoras in the ADSM Project*



- 11 Women recruited from La Clinica patient population
- All Latina with Spanish as first language
- 8 with diabetes; 3 with diabetic family members
- Five week training in diabetes basics, groups empowerment, TTM
- Training phase included self-management goal-setting by promotoras themselves

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### *Promotora Activities*



- Enroll patients in program (10-15 patients/promotora)
- Stage patients in 4 main behavior areas at baseline and every 3 months
- Weekly 1:1 contact with patients
- Educate and motivate patients
- Lead walking clubs and support groups
- Communicate as needed with clinic providers, nutritionists, and mental health staff

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### *Evaluation of Promotora Component: Methodology*



- Focus Groups conducted at baseline (12/03) and at end of pilot phase (5/04)
- Moderated by neutral facilitator with Spanish as first language
- Notes recorded by scribe with Spanish as first language
- Focus Group findings analyzed by facilitator and scribe

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### *Evaluation of Promotora Component: Methodology*



- Retrospective analysis of promotora diabetic control as measured by Hemoglobin A1c
- Measurements done as part of care-as-usual via serum or fingerstick
- Baseline = Within 3 months prior to pilot phase
- Follow-up = 3-6 months after beginning of pilot phase

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### *Outcomes: Focus Groups*



- Increase in self-reported knowledge of diabetes management and the Trans-theoretical model
- Increase in ability to work in partnership with clinic doctors
- Increase in self-reported ability to help patients improve self-management skills

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### Outcomes: Focus Groups



- Increased sense of well-being
- Increased sense of belonging to, and contributing positively to, their community
- Increased motivation to improve their own diabetes self-management
- Decreased social isolation

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### Focus Group Findings: Examples



- "Me siento motivada, reanimada"
- "Aquí he aprendido mucho, cosas que no sabía a pesar de que he ido mucho al médico."
- "Yo soy diabética y era muy incrédula, pero ahora... Pienso muy diferente, me importa cuidarme más."
- "Me he sentido más capaz, el cambio en los últimos meses ha sido inmenso."

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### Clinical Outcomes



- Of promotoras with diabetes, Hemoglobin A1c worsened in five, improved in three
- Average change in Hemoglobin A1c: +0.25

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### Clinical Outcomes



	Baseline	Follow-up
Promotora A	6.8	5.4
Promotora B	7.2	6.3
Promotora C	5.6	5.2
Promotora D	6.9	7.2
Promotora E	8.8	9.1
Promotora F	6.8	7.6
Promotora G	5.8	7.1
Promotora H	7.8	9.5

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### Conclusions



- Training and working as a promotora with other diabetic patients increased confidence and decreased social isolation in a group of diabetic women, but did not consistently improve diabetic control

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### Why???



- Group was so small that individual situations skewed results?
- Our training program does not sufficiently emphasize promotora self-management?
- Working as a promotora resulted in increased stress?
- By formalizing and encouraging the caregiver role, the program encourage promotoras to neglect their own health?

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### *Conclusions, continued*



- As a result of the pilot phase analysis, we plan to focus greater attention on promotora health during the project phase
- We will use some project meeting time for promotoras to discuss their own health
- We will encourage them to stay up to date with studies and appointments and help them re-enter care as needed

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