Promotoras and Diabetes: Challenges in Self-Management

La Clinica de la Raza
- A community health center serving 30,000 patients a year
- 54% Latino, 36% Asian, 6% African-American, 2% other
- 85% < federal poverty level
- 17 sites 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.

La Clinica 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 Protolyp
- Member of Diabetes Detection Initiative

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
- 6/04-12/05: Project Phase
- 108 patients enrolled, averaged A1C 9.2
- Funded by grant from the Robert Wood Johnson Foundation

The ADSM Project: 2 Key Elements
- Lay Health Advisors (Promotoras)
- Patient-Centered Counseling based on the Trans-Theoretical (Stages of Change) Model
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

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

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

Evaluation of Promotora Component: Methodology

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

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

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
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

Focus Group Findings: Examples

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

Clinical Outcomes

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

Clinical Outcomes

<table>
<thead>
<tr>
<th>Promotora</th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>6.6</td>
<td>5.4</td>
</tr>
<tr>
<td>B</td>
<td>7.2</td>
<td>6.3</td>
</tr>
<tr>
<td>C</td>
<td>5.6</td>
<td>5.2</td>
</tr>
<tr>
<td>D</td>
<td>8.9</td>
<td>7.2</td>
</tr>
<tr>
<td>E</td>
<td>9.8</td>
<td>9.1</td>
</tr>
<tr>
<td>F</td>
<td>6.6</td>
<td>7.6</td>
</tr>
<tr>
<td>G</td>
<td>5.8</td>
<td>7.1</td>
</tr>
<tr>
<td>H</td>
<td>7.6</td>
<td>9.8</td>
</tr>
</tbody>
</table>

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.

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?
Conclusions, continued

- As a result of the pilot phase analysis, we plan to focus greater attention on promotoras' 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.