This product was developed by the diabetes self management project at Gateway Community Health Center, Inc. in Laredo, TX. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.
Gateway Community Health Center
Program Overview

Goal: To build a consistent infrastructure and methodology that will assist patients with diabetes to maintain their HbA1c below 7.5% over an extended period of time by implementing and integrating diabetes self-management activities in a culturally sensitive manner.

Gateway utilizes all components within the Center to integrate the implementation of the self management intervention into the Center’s medical practice.

Components

- Patients
- Promotores
- Medical Providers
- Certified Diabetes Educator
- Medical Support Staff
- Administrators
- Board of Directors
Promotor(a) Roles and Responsibilities

- Provide informal counseling, social support and culturally sensitive health education;
- Advocate for patient needs;
- Assure that patients receive the health services they need and provides referral and follow-up services.
- Assist and guide the patient in the management of their disease process.

- The promotor(a) is considered part of the medical team and plays a key role on the delivery of Diabetes Self Management.
Gateway Diabetes Self Management Intervention Flow Chart

Medical Provider Refers Patient to Promotora

*Intervention Begins*

10-week Promotora-Led SM Course (2.5 hours/week)
- Baseline Behavior and Lab Assessment (knowledge, health beliefs, PHQ)
- Advise (Diet, Nutrition, Physical Activity)
- Advise (Prevention/Management DM Complications)
- Behavioral Goal-setting (individual) every week
- Buddy Support System (Choose and Support Buddy)
- Group Problem-solving Session Weekly (Barriers)
- Goal Follow-up weekly (revision/resetting of goals)
- Telephone call weekly (remind, answer questions, problem solve, support)

*Baseline Data*
HbA1c, Lipid Profile, BP, BMI, Foot Exam, Eye Exam, Flu vaccine, Pneumovax, Hospitalizations, ER visits, Knowledge & Health Belief, PHQ

10-biweekly Support Group Sessions (2.5 hours each)
- Additional advise (diet, nutrition, physical activity)
- Additional advise (Prevention/Management DM Complications)
- Group Discussion to Problem-Solve Barriers
- Buddy Support System
- Individual Goal Follow-up
- Telephone call weekly (remind, answer questions, problem solve, support)

*3-month Data*
HbA1c, BP, BMI, Knowledge, Health Belief, Retention Rate, and Patient Satisfaction

*Intervention Ends*
Voluntary Biweekly Support Group

*6 & 12-month Data*
HbA1c, Lipid Profile, BP, BMI, Foot Exam, Eye Exam, Flu vaccine, Pneumovax, Hospitalizations, ER visits, Knowledge and Health Belief PHQ
CHW Protocol for Depression – Gateway Community Health Center

PHQ administered by CHW/Promotores at the 2nd and 9th class of Diabetes SM Course

Patient participating in SM Course with a PHQ score of 5-9/10-14
- PHQ Form will be placed in Provider’s box for review.

Patient participating in SM Course with a PHQ score of > 15
- Refer to Nurse in Charge - Medical record will be given to Provider for review.

Patient participating in SM Course with suicidal thoughts.
- Patient will be walked to nurse’s station and the patient will be seen by the Provider that same day.

Patient will be followed-up by medical team.
- Doctor may refer to the CHW for Follow-up

YES
- CHW documents in Progress Note. Weekly phone calls continue until symptom improvement.

NO
- PHQ will be filed in medical record. CHW will not conduct further follow-up.

If patient states he/she feels depressed and has suicidal thoughts continue talking to patient and have someone call 911.

Medical team contacts patient for follow-up or treatment plan/change

Group Classes and Support Groups add content specific for Depression

All classes and support groups are conducted during clinic hours.
Depression: Role of the Promotor(a)

Assists Medical Provider in the process of;

- Screening
- Referral
- Education
- Support
Depression Assessment Tool: Patient Health Questionnaire (PHQ-9)

- Screens for and assess depressive symptoms
- Brief, 9-item validated tool
- Provides a severity score and a preliminary diagnostic criteria
- Available in English and Spanish*

www.depression-primarycare.org

*The PHQ-9 is adapted from PRIMEMDTODAY™, developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. The names PRIME-MD® and PRIMEMDTODAY™ are trademarks of Pfizer Inc.
# Demographics - Phase I

## Gender
- Male: 28% (55)
- Female: 72% (148)

## Age Categories
- 20-39: 7% (14)
- 40-59: 37% (75)
- 60-79: 35% (71)
- 80-100: 2% (4)

## Spanish as Primary Language
- 74% (150)

## Household Income
- <$10,000: 52% (107)
- $11,000-$20,000: 19% (39)
- >$20,000: 9% (12)

## Work Status
- Working: 24% (49)
- Not Working: 63% (128)
- No Answer: 13% (26)
Results
Phase 1 HbA1c per Course

Phase I-HbA1c

Average HbA1c Values
N= 109

Baseline 3mths 6 mths 12 mths
8.7 7.2 7.2 7.5

Phase I-HbA1c by Course

GHb 00 mos GHb 03 mos GHb 06 mos GHb 12 mos
8.95 7.30 7.27 7.47
Results

Phase I

- Not Clinically Depressed: 66%
- Mild Depression: 23%
- Moderate Depression: 6%
- Severe Depression: 5%

N=78

Phase 2

- Not Clinically Depressed: 59%
- Mild Depression: 29%
- Moderate Depression: 5%
- Severe Depression: 6%

Initial: 84%
Exit: 16%
Fact: Out of 78 patients screened for Depression during phase I:
- 6% severely depressed
- 5% moderately depressed
- 23% mildly depressed
- 66% not clinically depressed

Fact: 77% of the patients that participated in SM courses in phase I had both diseases.

Benefits of integration:
- Maximizes Promotora’s work time
- Removes barriers for patients
- Depression information is introduced in more patient friendly environment
The Role of CHW in Self-Management of Emotional Health and Diabetes: Lessons Learned

- CHWs can serve as role models for healthy coping by taking care of themselves.

- Involving the health care team in developing protocols/roles for CHWs is key to program success (e.g., only clinicians can diagnose mental disorders).

- It is essential to establish clear roles and procedures for handling emergencies (e.g., suicidality).

- Educational materials and activities should be culturally and linguistically appropriate.

- The unique relationship between the CHW and the client lends itself to addressing emotional health.