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.
Comprehensive System of Care
for Patients with Diabetes

Diabetes Initiative Annual Meeting
The Robert Wood Johnson Foundation
October 18-20, 2006
Tucson, Arizona
Lourdes Rangel
Gateway Community Health Center is a Non profit organization located in Laredo, Texas (along the US-Mexico Border)

Over 75,000 medical, dental, and specialty care patient visits were provided in 2005.

Patient Demographics
- 98.5% Hispanic
- 98% of patients live below 200% federal poverty level
- 63% uninsured
In Webb County, one in six adults has type 2 diabetes. (1999 Texas Department of Health)

Webb County also has one of the highest mortality rates for Type 2 diabetes in the state. (Texas Vital Statistics)

Diabetes and Hypertension are the two main diagnosis at Gateway with 2,807 patients with diabetes and 2,303 with hypertension. (BPHC-Universal Data System)
Partnerships

- Robert Wood Johnson Foundation-2003
- National Heart, Lung and Blood Institute-2003
- Human Resources Services Administration
- Pan American Health Organization-2000
- Pfizer Health Solutions Inc-2003
- Methodist Healthcare Ministries-2001

- Patients
- Family Members
- Medical Providers
- Medical Support Staff
- Promotoras
- Board of Directors
- Administrators
Promotora Program

Topics Include

Diabetes Group Classes
- 10 week curriculum
- Understanding what diabetes is
- Strategies and benefits of good diabetes control
- Importance of blood sugar monitoring
- Nutrition
- Lifestyle behaviors (physical activity, weight management, smoking cessation)
- Problem solving

Support Groups
- Reinforces topics from classes
- Medication
- Mental health
- Partnership with healthcare team
- Identifying and avoiding diabetes complications
- Social support
- Preventive care
- Community resources

Promotoras:
- Assess patient needs
- Individual contacts, as needed
- Patient advocate
- Liaison to healthcare Team
- Documentation - Progress - Outcomes
CHW Training Topics and Evaluation

- Clinic Site Orientation
- Medical Records
- Diabetes Self Management
- Leadership
- Time Management
- Listening Skills
- How To Make a Home Visit and Referrals
- Advocacy

300 Hours of Training

- Promotora Safety
- Problem Solving
- Mental Health Training
- Stress Management
- Support Group Facilitation
- Community Resources
- Communication Skills

Evaluation

- Skills List
- 3-month
- 12-month
- Patient
Usual Care

- **MD Visit**
- **Assessment**
- **MD Education** (verbal and printed handouts)
- **Treatment Plan**
  - Labs
  - Medication Care Plan

**MD Follow up**
- 1 month: Review labs & initial treatment plan
- x 3 months, as needed

Appt scheduled
Care that Includes Promotoras

MD Visit → Assessment → MD Education (verbal and printed handouts) → Treatment Plan

Labs  
Medication  
Care Plan

Referral to Promotora program

MD Follow up 1 month:
Review labs & initial treatment plan

Patient educated and more informed

MD Follow up x 3 months, as needed

MD visits are more focused, less follow up required

**Extensive Education**
- Using glucometer
- Education on medication use
- How to check feet
- How to identify complications
- Support for lifestyle changes
- Mental health screening

**Group classes and individual support**

Promotoras

Appt scheduled
## Benefits of Promotora Program

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<thead>
<tr>
<th>To Providers</th>
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<tbody>
<tr>
<td>More efficient use of time</td>
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<tr>
<td>Improved diabetes control</td>
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<tr>
<td>Assessment of social needs/concerns</td>
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<tr>
<td>Reinforce treatment plan</td>
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<tr>
<td>Extension of MD services</td>
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<tr>
<td>Health advocate / additional clinic services and referrals identified</td>
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<tr>
<td>Implement clinical protocols</td>
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<table>
<thead>
<tr>
<th>To Patients</th>
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<tbody>
<tr>
<td>More time received on education</td>
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<tr>
<td>Improved health outcomes</td>
</tr>
<tr>
<td>Individualized care</td>
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<tr>
<td>Greater adherence</td>
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<tr>
<td>Improved access to care</td>
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<tr>
<td>Specific needs met by appropriate referrals</td>
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<tr>
<td>Improved quality of care</td>
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Profile
• Emilio
• Hispanic
• 30 years of age
• Patient since 2003
• Married

Medical History
• Diabetes Type 2
• Hypertension

Medications
• Glyburide 1.25 mg
• Enalapril 2.5 mg

Medications (24-months)
• Glyburide 1.25mg (1/2 tablet daily)
• Enalapril 2.5mg (1/2 tablet daily)
Success Story - Progress

- **A1c: 10.3**
- **Wt: 174.5 lbs**
- **BMI: 30**

8/2003

Enrolled in Promotora Program

- **A1c: 5.4**
- **Wt: 170 lbs**
- **BMI: 29**

10/2003

Graduated from Promotora Program

- **A1c: 5.5**
- **Wt: 173 lbs**
- **BMI: 29**

4/2004

- **A1c: 5.3**
- **Wt.: 164 lbs**
- **BMI: 28**

10/2004

- **A1c: 5.2** August 2006
- **36 months**

8/2005

- **A1c: 5.3**

24-months
Comprehensive System of Care for Patients with Diabetes

Accomplishments
- Integration of the Promotora Component into the Medical Practice;
- Improve the Health Status of the patients with diabetes.

- Drug Assistance Program
- Dental Hygiene Services
- Medical Services
- Podiatry Clinic
- Minor Behavior Health
- Disease Management Courses
- Diabetic Supplies ($10.00 co-pay)
- Yearly Eye Exam ($20.00 co-pay)
- Assistance with Laser Surgery (Diabetes Related)
- Glaucoma Screening