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Use of Health Promoters for diabetes support in Mexican-Americans

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Joan Thompson, PhD, MPH, RD, CDE
La Clinica de la Raza - Profile

Serves over 40,000 patients a year

- 84% Latino
- 85% <200% federal poverty level

Insurance coverage

- 50% no insurance
- 40% Medicaid or Medicare
- 10% private insurance
Project Description

Goal:
Provide diabetes self management support by initiating a health promoter program

Target Population:
Patients with A1c>8 and/or inadequate social support

Patient Recruitment:
Provider referral

Enrollment:
Period varies from 6 mo to 3 years

Implementation
Promoters provide one on one counseling and facilitate group activities. All patients receive usual care (RD visits, access to classes, provider visits)
Description of Promoters

Recruitment:
- Provider referral
- Must have diabetes or a family member with diabetes.
- Ten active promoters at any one time

Status:
- Volunteer with stipend
- Undocumented

Language and literacy
- Monolingual Spanish speaking
- Wide range of literacy level (0 – 18 yrs formal education)

Characteristics:
- All are women, most with young children
- A desire to help others
- Good interpersonal skills
- Accessibility at the patient’s convenience
- Willingness to be accepted as part of a patient’s family
- All are seen as leaders in their community/neighborhood
Initial Training

Training

• Diabetes self management – initially 10 sessions (2 hr each)
• Collaborative goal setting, action plans and problem solving
• Group facilitation
• Confidentiality
• Stages of change and processes of change
On-going Training

Some topics are:

• Glucose meter training
• Medications
• Depression and stress management - 18 hours
• Cardiovascular disease
• Benefits of physical activity
• Carbohydrate counting, meal planning, alcohol
• Stages of change model updates
• Smoking cessation
• Food stamps and food bank
• How to use emergency services
• Medicare
• Complications of diabetes
• Asthma
Promoter Activities

Individual
• Stage patient for readiness to change
• Counsel 1 on 1 according to stage of change

Group
• Teach diabetes classes (2 x/wk)
• Lead Circle of Friends group (3 x/wk)
• Help with depression group (1x/wk)
• Lead walking club (3x/wk)
• Home visits to work with the families

Community
• Make presentations in the community
• Tabling at Farmers Market
• Help at health fair
Stages of Change

Steps:

• Determine readiness to change
• Use “Guide to Stages of Change Interventions” to facilitate behavior change in the following areas:
  – Following a meal plan
  – Doing physical activity
  – Taking medicines as indicated
  – Monitoring blood sugar
• Set a goal if the patient is in the Preparation stage.
Circle of Friends (Support Group)

Activities

- Relaxation techniques
- Arts and crafts
- English as a second language
- Discussion and mutual support
Integration of promoters into clinic

• Related to the Diabetes project Previously cited group activities
  – Case conferencing quarterly with the doctors
  – Provide weekly relaxation class

• Spread beyond the diabetes project
  – Assist in classes for parents of overweight children on parenting around feeding issues
  – Help design structured learning activities to do in child care (while their parents are attending the class)
  – Attended the pilot series of parenting classes and provided feedback for revising curriculum
  – Became members of our Parent Advisory Council for providing self management support for parents of overweight children
What contributes to our success?

• Full acceptance by the medical providers
• Good inter-personal skills of the promoters
• Adequate on-going training and support
• Accessibility to the patients
Pamphlets on Stages of Change (Diabetes)

Available on http://lumetra.com

Guide to Stages of Change Interventions:
Using the trans-theoretical model for your patients with diabetes.

• Monitoring blood sugar
• Using a meal plan
• Taking medicine
• Exercise