

Comparative Clinical & Qualitative Outcomes from Two Diabetes Mellitus Self-Management Curricula featuring a Promotora

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Comparative Clinical & Qualitative Outcomes from Two Diabetes Mellitus Self-Management Curricula featuring a Promotora

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Background:

- Diabetes affects vulnerable populations disproportionately.
- Because of ethnic predisposition, Latinos are over-represented when it comes to type 2 diabetes and some of its complications.
- Known barriers to self management education include lack of ADA certified educators, insurance status, lack of language congruence and early stage of change.
- Within chronic care, growth in self-management knowledge, skills and motivation facilitates productive interactions with primary care clinicians and should lead to improved outcomes.
- The lack of insurance coverage, unhealthy behaviors, and low patient activation also contribute to ethnic disparities in diabetes care.

Purpose of Study:

- To compare two diabetes self-management education curricula utilizing a Promotora with Latino patients in Allentown, PA.

Education Program Design:

- Prospective case series utilizing clinical data, surveys, and focus group feedback.
- 5 Urban, community-based primary care practices in a regional health network.
 - 2 Family Medicine Residency based
 - 1 Family Medicine Practice
 - 1 Internal Medicine Residency based
 - 1 Internal Medicine Practice
- Family Medicine 6-week curriculum
- Internal Medicine 12-month curriculum

Patients:

- Type II Diabetics, age >18
- Spanish-speaking
- Selected by primary clinician or via disease registry and willing to enroll within the research.
- Recruitment to small group, facilitated curriculum based on location.
- Referred back to primary clinician at conclusion of program.

Curriculum:

- 6-week
 - Revised "Aprendemos de Salud"
 - Promotora facilitated
- 12 month CDS
 - Revised Diabetes Empowerment Education Program
 - Practice based, Promotora assisted
- 12 month LVPP
 - Revised Diabetes Empowerment Education Program
 - Promotora facilitated

Results:

	6-week	12-month CDS	12-month LVPP
N Enrolled in Class	134	52	82
N Dropped	33	30	44
RESEARCH RESULTS			
N Opt-In Research	84	39	71
Graduated	79.8%	43.5%	46.5%
% Follow-Up Survey	76.2%	35.8%	39.4%
% Have Insurance	46.4%	89.7%	74.6%
% <6th Grade Education	21.6%	25.6%	12.1%
% Depression (PHQ-9) pre	25% (n=84)	33% (n=39)	24% (n=71)
% Depression (PHQ-9) post	14% (n=64)	21% (n=14)	7% (n=28)
% Doing Diabetes Care (Stage of Change) pre*	45% (n=84)	41% (n=39)	37% (n=67)
% Doing Diabetes Care (Stage of Change) post*	84% (n=62)	86% (n=14)	82% (n=28)

* Stage of Change dichotomized into 'Doing' and 'Not Doing'

Site	HBA1C (Goal <7%)			Blood Pressure (Goal ≤130/80)			LDL (Goal <130)		
	Pre	%	n	Pre	%	n	Pre	%	n
6 week program	Pre	26%	n=58	Pre	29%	n=58	Pre	61%	n=58
	Post	35%	n=34	Post	38%	n=34	Post	69%	n=34
12 month CDS	Pre	19%	n=31	Pre	45%	n=33	Pre	86%	n=28
	Post	42%	n=31	Post	48%	n=33	Post	92%	n=26
12 month LVPP	Pre	23%	n=53	Pre	20%	n=45	Pre	75%	n=40
	Post	43%	n=49	Post	43%	n=56	Post	67%	n=45

Conclusions:

- Participation in language-congruent diabetes self-management program improves outcomes.
- The Promotora is effective in delivering educational content and is helpful in identifying and helping patients to overcome some barriers to enrollment.
- Dropout rates are relatively high. Length of curriculum may influence dropout rate.
- For program completers, longer immersion may translate to better clinical outcomes.