Diabetes Mellitus Self-management: Comparison of Curricula Using a Promotora

Francigna Rodriguez BS  
Lehigh Valley Health Network

Nyann Biery MS  
Lehigh Valley Health Network, nyann.biery@lvhn.org

Cathy Coyne PhD  
Lehigh Valley Health Network, Cathy_A.Coyne@lvhn.org

Robert Motley MD  
Lehigh Valley Health Network, Robert_J.Motley@lvhn.org

Edgar Maldonado MD  
Lehigh Valley Health Network, Edgardo.Maldonado@lvhn.org

See next page for additional authors

Published In/Presented At  

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Purpose
• Compare 2 diabetes self-management education programs used with a Latino population in Allentown, Pennsylvania
• Describe the roles of a Promotora (a.k.a. Community Health Worker, lay health educator) in diabetes self-management education

Background
• Previous work shows increased patient activation with use of Promotora
• Disparity among Latinos and other ethnic groups in relation to diabetes and diabetes-related complications
• Need for culturally congruent diabetes management education for Spanish-speaking patients

Diabetes Education Programs
• 3 Family Medicine Outpatient Practices
  1 residency-based, 2 CHC’s
  all promotora-led
  weekly program (6 weeks)
  2 Internal Medicine Outpatient Practices
  1 Spanish language clinic; clinical team-led education, with physician participation and promotora support
  1 residency-based, promotora-led education
  monthly program (12 months)
  Both programs based on ADA guidelines and follow a sequential format

Qualitative Methods
• Focus groups
  • 6, 12, and 18 month follow-ups
• Observation notes
  • Promotora roles and interactions
  • Class format and delivery
• Communications
  • E-mails
  • Meetings

Quantitative Methods
• Participants surveyed at
  • beginning of program
  • graduation
  • 6, 12, and 18 months after graduation
• Clinical data for each participant:
  • Intermediate diabetes markers (e.g. HgbA1C)
  • self-management (foot exam, etc.)
  • Collected at beginning of program and every 3-4 months following

1st Year Learnings
• Difficulties
  • transportation
  • health problems
  • social barriers
• One approach does not fit all
  • Promotora
  • patient relationship
  • portable resource
  • flexibility across clinical care sites
• Support Group resources available at one site
• Development of partnership with community-based organization
• Participant desire to ‘pay it forward’

Limitations
• High withdrawal rate
• Each site delivered only one of the 2 curricula
• Timing of classes (variable access)
• Promotora Attrition (one of 2 resigned)

Future Research
• Completion of 2nd year of the study to be completed in 2011
• Partnerships between healthcare organizations and community-based organizations
• Cost analyses
  • ROI
  • Sustainability
• Self-sufficiency of support group

Class Characteristics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>FM Residency &amp; CHC’s Promotora-led</th>
<th>IM Residency Promotora-led</th>
<th>IM Practice Clinical Team-led</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Male</td>
<td>61.9</td>
<td>37.4</td>
<td>25.9</td>
</tr>
<tr>
<td>Average Age</td>
<td>50.6</td>
<td>55.6</td>
<td>58.6</td>
</tr>
<tr>
<td>% Medical Assistance</td>
<td>35.5</td>
<td>60.9</td>
<td>54.8</td>
</tr>
<tr>
<td>% Uninsured</td>
<td>55.6</td>
<td>22.2</td>
<td>3.7</td>
</tr>
<tr>
<td>% Income Below $20,000</td>
<td>39.7</td>
<td>53.3</td>
<td>44.4</td>
</tr>
<tr>
<td>% Income Above $20,000</td>
<td>2.2</td>
<td>8.9</td>
<td>8.1</td>
</tr>
<tr>
<td>% on Disability</td>
<td>3.2</td>
<td>2.0</td>
<td>14.3</td>
</tr>
<tr>
<td>% Diabetes</td>
<td>5.0</td>
<td>8.6</td>
<td>7.8</td>
</tr>
<tr>
<td>Average BMI</td>
<td>32.7</td>
<td>34.2</td>
<td>37.1</td>
</tr>
</tbody>
</table>

Preliminary Data Prevalence of Depressive Symptomsmusing PHQ-9

<table>
<thead>
<tr>
<th>% PHQ-9 % Majorly Depressed</th>
<th>FM Residency &amp; CHC’s Promotora-led</th>
<th>IM Residency Promotora-led</th>
<th>IM Practice Clinical Team-led</th>
</tr>
</thead>
<tbody>
<tr>
<td>% PHQ-9 % Majority Depressed – Baseline</td>
<td>14.3</td>
<td>26.7</td>
<td>40.3</td>
</tr>
<tr>
<td>% PHQ-9 % Minority Depressed – Baseline</td>
<td>2.2</td>
<td>2.7</td>
<td>7.4</td>
</tr>
<tr>
<td>% Completed Class</td>
<td>74.2</td>
<td>48.9</td>
<td>53.8</td>
</tr>
<tr>
<td>% PHQ-9 % Majority Depressed – Post Class</td>
<td>7.9</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>% PHQ-9 % Minority Depressed – Post Class</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>