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# Health Promoters use stages of change to improve diabetes in urban Mexican-Americans

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# Results of the intervention group



Outcome	Before	After
Measure	Enrollment	Enrollment
	(n = 266)	(n = 259)
A1c	9.6	8.4
LDL-cholesterol	109	100
Blood Pressure	127/73	127/72
BMI	32.2	33.7

### Comparison of intervention and usual care group



Process	Intervention	Usual Care
Measures	(n=293)	(n = 1065)
Dilated eye exam	52%	29%
Dental Exam	40%	22%
Cholesterol exam	75%	53%
Monofilament exar	n 39%	20%

# Targets for self management behavior and preliminary results



These results are based on the health behavior assessment form, not stages of change results.

Patients following meal

plan at least 5 d/wk 42%

Patients with 150 min

exercise in 5 d/wk 18%

Patients taking medications

90% of the time 85%

# Self efficacy and social support



	First	Latest
Average self efficacy score (based on scale of 0-10)	7.2	8.0
Social support (based on total possible score of 45	26	50

#### Selected Promoter Activities



- Patient enrollment
  - Patients with A1c>8.5 or
  - Patients with inadequate social support
- Counseling
  - Weekly for first 6 months
  - Monthly thereafter
- Quarterly assessment
  - Self efficacy
  - Stages of change
  - Self management health behaviors (following meal plan, monitoring of blood sugar, taking medications, exercise)

### Stages of Change: Self monitoring of blood sugar ᅑ



	Initial (n= 171)	Latest (n=168)
Pre-contemplation/ contemplation	32%	8%
Preparation	29%	19%

Action/Maintenance

These results are based on the physician or health educator's recommendation as the target.

40%

72%

# Stages of Change: Following a meal plan:



Initial	Latest
(n= 171)	(n= 162)

Pre-Contemplation/

Contemplation 42% 4%

Preparation 31% 22%

Action/Maintenance 27% 73%

These results are based on the patients' chosen meal plan.

# Stages of Change: Medications



	Initial (N= 166)	Latest (N=164)
Pre-contemplation/ Contemplation	15%	3%
Preparation	13%	7%
Action/Maintenance	72%	90%

These results are based on the standard of taking medications all the time.

### Stages of Change: Exercise



Initial Latest

(n=157) (n=166)

Pre-contemplation/ 22% 5%

Contemplation

Preparation 29% 19%

Action/Maintenance 38% 76%

These results are based on the patient's own exercise goal.

# La Clinica de la Raza - Profile 🥱



#### Serves over 40,000 patients a year

- 84% Latino, 8% Asian, 6% African American
- 85%<200% federal poverty level</li>

#### Insurance coverage

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

#### Characteristics of target population

- Spanish speaking, low literacy
- Inadequate social support
- A1c>8.5

#### Program Objectives of Demonstration Project



- Overall goal
   Assess the effectiveness of the Advanced Diabetes
   Self Management Program
- Components of the intervention
  - Use of the trans-theoretical model to stage patients and offer stage specific counseling interventions
  - Train peer educators (promoters) to counsel and support patients in self care
  - Train providers to use the promoters to improve clinical outcomes

# Promoters' roles (1)



- Serve as liaison between patients and providers
  - Contact provider directly when important patient need arises
  - Participate in quarterly case conferences
- Provide self care information
  - Teach diabetes classes
  - Provide one on one counseling by phone or face to face
- Contribute to continuity and coordination of care
  - Follow-up with patients after the provider visit
  - Encourage patients to keep their A1c test current
  - Help patients with goal setting and action planning

# Promoters' Roles (2)



- Assist in attending appointments and adherence to medications
  - Encourage patients to take medications
  - Help patient to identify barriers and problem solve
  - Accompany patients to appointments
  - Clarify patient's medication list
- Facilitate community participation in health care system
  - Table at the Farmers Market
  - Participate in the La Clinica and other health fairs
- Promote consumer advocacy and protection
  - Organize regarding immigration issues
  - Educate on pre-diabetes at health fairs

# Promoters' Roles (3)



- Provide on-going follow-up and support
  - Do appointment reminders
  - Lead walking club
  - Lead relaxation group
  - Facilitate support group
  - Assist in depression group
  - Counsel patients according to their stage of readiness
- Maintain records on all patient contacts
- Assess patients on self efficacy, stages of change, social support, and self management behaviors
- Data entry

# Definition of Stages of Change



- Pre-contemplation I can't or I won't
  - (The patient is not yet considering change or is unwilling or unable to change).
- Contemplation Maybe I will
  - (The patient acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain)
- Preparation I will
  - (The patient is committed to the change and is planning to make the change in the near future, but is considering what to do).
- Action I am doing
  - (The patient is actively taking steps to change but has not yet reached a stable state)
- Maintenance I have been doing
   (The patient has achieved initial goals, and it is now a habit)

#### Pre-contemplation: Strategies for intervention



- Express concern
- Raise doubts about patient behavior
- Normalize behavior
- Provide information

# Contemplation: Strategies for intervention



- Normalize ambivalence
- Consider the "cons"
- Consider the "pros"
- Self re-evaluation
- Examine options

### Preparation: Strategies for intervention



- Clarify the patient's own goals and strategies for change
- Anticipate problems before they occur
- Lower barriers to change
- Help the client to enlist social support

# Action: Strategies for intervention



- Acknowledge difficulties in the early stages of change
- Engage the patient in treatment
- Identify high risk situations
- Assess strengths and social support

### Maintenance: Strategies for Intervention



- Affirm commitment
- Affirm patient resolve and self efficacy
- Incorporate positive rewards
- Review long term goals

#### Lessons to be shared



- Staging patients on a specific behavior provides an effective way to assess movement through the stages.
- On-going promoter training in staging patients is needed for achieving consistency in the way it is used.
- Use of the psychological processes for facilitating change is situation-based, requires repeated training, and is inconsistently applied.
- Program participants experienced improved values for other process measures that were not part of the intervention.
- Staging of patients needs to be based on a welldefined endpoint and not the patient's own goal, which changes each time a small step is achieved.

#### Challenges



- The extensive documentation required for the study is difficult for promoters with limited literacy skills.
- Results are hard to interpret over time when staging is based on a patient goal, rather than a specific program target.
- Many patients spend several months a year out of the country. This makes periodic contact difficult for some.
- Patients, many of them undocumented, have competing issues they are dealing with, besides their diabetes. This makes participation in activities difficult.

# What is your stage of readiness?



- Pre-contemplation? Are you perfectly happy with the behavior changes your patients are making with your current counseling style?
- Contemplation? Have you thought about talking to someone you know who can tell you the benefits of using the trans-theoretical method?
- Preparation? If you are ready to use this method, go to Lumetra.com to download the Guide to Stages of Change Intervention, plus other relevant resources (available June).
- Action? Acknowledge the challenges of changing the way you interact with patients. What have you learned about yourself?
- Maintenance? Note how the rapport you have with your patients has improved and your patients' self management has improved too.

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# La Clínica de la Raza



