



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.



Gateway Community Health Center Program Overview

Goal: To build a consistent infrastructure and methodology that will assist patients with diabetes to maintain their HbA1c below 7.5% over an extended period of time by implementing and integrating diabetes self-management activities in a culturally sensitive manner.

Gateway utilizes all components within the Center to integrate the implementation of the self management intervention into the Center's medical practice.

Components

- Patients
- Promotores
- Medical Providers
- Certified Diabetes Educator
- Medical Support Staff
- Administrators
- Board of Directors





Promotor(a) Roles and Responsibilities

- *Provide informal counseling, social support and culturally sensitive health education;*
- *Advocate for patient needs;*
- *Assure that patients receive the health services they need and provides referral and follow-up services.*
- *Assist and guide the patient in the management of their disease process.*

➤ The promotor(a) is considered part of the medical team and plays a key role on the delivery of Diabetes Self Management.



Gateway Diabetes Self Management Intervention Flow Chart



Medical Provider Refers Patient to Promotora

Intervention Begins

10-week Promotora-Led SM Course (2.5 hours/week)

- Baseline Behavior and Lab Assessment (knowledge, health beliefs, PHQ)
- Advise (Diet, Nutrition, Physical Activity)
- Advise (Prevention/Management DM Complications)
- Behavioral Goal-setting (individual) every week
- Buddy Support System (Choose and Support Buddy)
- Group Problem-solving Session Weekly (Barriers)
- Goal Follow-up weekly (revision/resetting of goals)
- Telephone call weekly (remind, answer questions, problem solve, support)

10-biweekly Support Group Sessions (2.5 hours each)

- Additional advise (diet, nutrition, physical activity)
- Additional advise (Prevention/Management DM Complications)
- Group Discussion to Problem-Solve Barriers
- Buddy Support System
- Individual Goal Follow-up
- Telephone call weekly (remind, answer questions, problem solve, support)

Intervention Ends

Voluntary Biweekly Support Group

Baseline Data

HbA1c, Lipid Profile, BP, BMI, Foot Exam, Eye Exam, Flu vaccine, Pneumovax, Hospitalizations, ER visits, Knowledge & Health Belief, PHQ

3-month Data

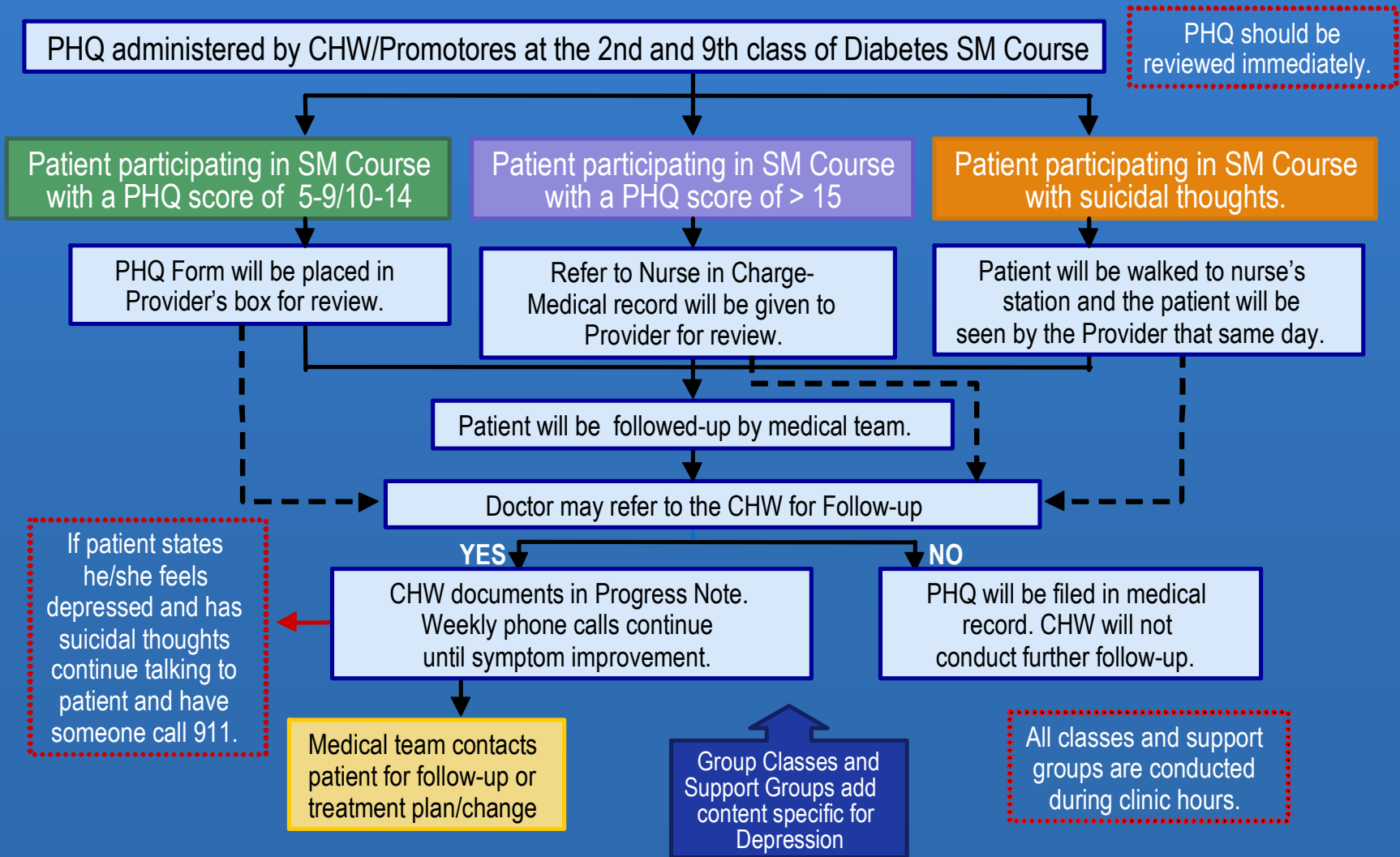
HbA1c, BP, BMI, Knowledge, Health Belief, Retention Rate, and Patient Satisfaction

6 & 12-month Data

HbA1c, Lipid Profile, BP, BMI, Foot Exam, Eye Exam, Flu vaccine, Pneumovax, Hospitalizations, ER visits, Knowledge and Health Belief PHQ



CHW Protocol for Depression – Gateway Community Health Center





Depression: Role of the Promotor(a)

Assists Medical Provider in the process of;

- *Screening*
- *Referral*
- *Education*
- *Support*





Depression Assessment Tool: Patient Health Questionnaire (PHQ-9)

- Screens for and assess depressive symptoms
- Brief, 9-item validated tool
- Provides a severity score and a preliminary diagnostic criteria
- Available in English and Spanish*

PATIENT HEALTH QUESTIONNAIRE

Name: _____ ID #: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Please check one box on each line. Circle symptom if indicated.)

SCORE:

1. Little interest or pleasure in doing things	
2. Feeling down, depressed, or hopeless	
3. Trouble falling or staying asleep, or sleeping too much	
4. Feeling tired or having little energy	
5. Poor appetite or overeating	
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	
7. Trouble concentrating on things, such as reading the newspaper or watching television	
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	
9. Thoughts that you would be better off dead, or of hurting yourself in some way	
10. Feeling nervous, anxious, on edge, or worrying a lot about different things	
11. Becoming easily annoyed or irritable	

Office Use Only:
Score (1-9 only): _____

Source: Adapted from PHQ-9 (2002), Pfizer Inc.

CUESTIONARIO SOBRE LA SALUD DEL PACIENTE

Nombre: _____ ID #: _____ Fecha: _____

Durante las últimas 2 semanas, ¿con qué frecuencia le han molestado los siguientes problemas?
(Verifique por favor una caja en cada línea. Circle el síntoma si está indicado.)

	Nunca	Varias veces al día	Más de la mitad de los días	Casi todos los días
1. Tener poco interés o placer en hacer las cosas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sentirse desanimado, deprimido, o sin esperanza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Con problemas en dormir o en mantenerse dormido, o en dormir demasiado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sentirse cansado o tener poco energía	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tener poco apetito o comer en exceso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sentir falta de amor propio - o que sea un fracaso o que decepcionara a sí mismo/a o a su familia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tener dificultad para concentrarse en cosas tales como leer el periódico o mirar la televisión	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Se mueve o habla tan lentamente que otra gente se podría dar cuenta - o de lo contrario, está tan agitado/a o inquieto/a que se mueve mucho más de lo acostumbrado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Se le han ocurrido pensamientos de que sería mejor estar muerto/a o de que se haría daño de alguna manera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sentirse nervioso/a, ansioso/a, con los nervios de punta, o muy preocupado/a por diferentes cosas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ponerse irritable o molesto/a fácilmente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use esto para oficina:
Puntos (solamente 1-9): _____

Encuentro de Promotor
 Administrador de el mismo

Source: Adapted from PHQ-9 (2002), Pfizer Inc.

www.depression-primarycare.org

*The PHQ-9 is adapted from PRIMEMDTODAY™, developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. The names PRIME-MD® and PRIMEMDTODAY™ are trademarks of Pfizer Inc.



Demographics-Phase I

Gender

Male: 28% (55)

Female: 72% (148)

Age Categories

20-39: 7% (14)

40-59: 37% (75)

60-79: 35% (71)

80-100: 2% (4)

Spanish as Primary Language: 74% (150)

Household Income

<\$10,000: 52% (107)

\$11,000-\$20,000: 19% (39)

>\$20,000: 9% (12)

Work Status

Working: 24% (49)

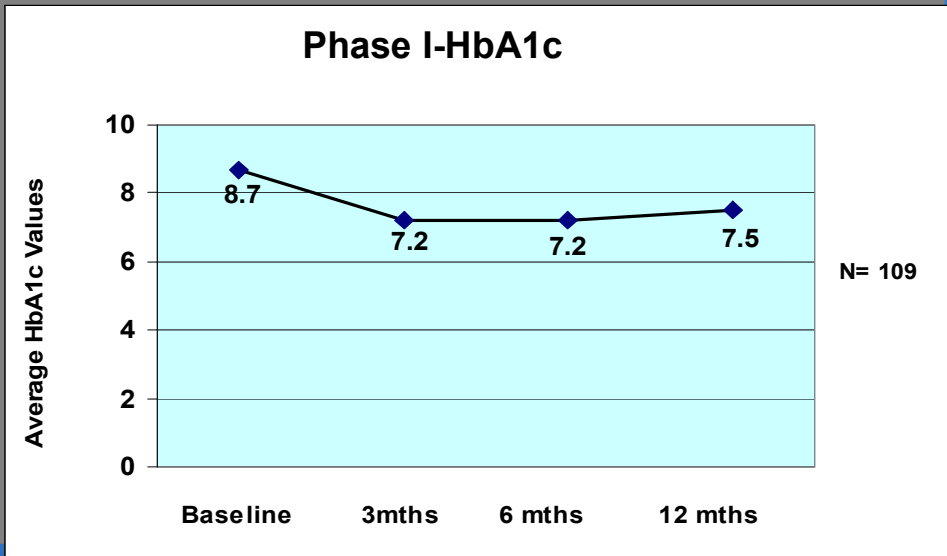
Not Working: 63% (128)

No Answer: 13% (26)

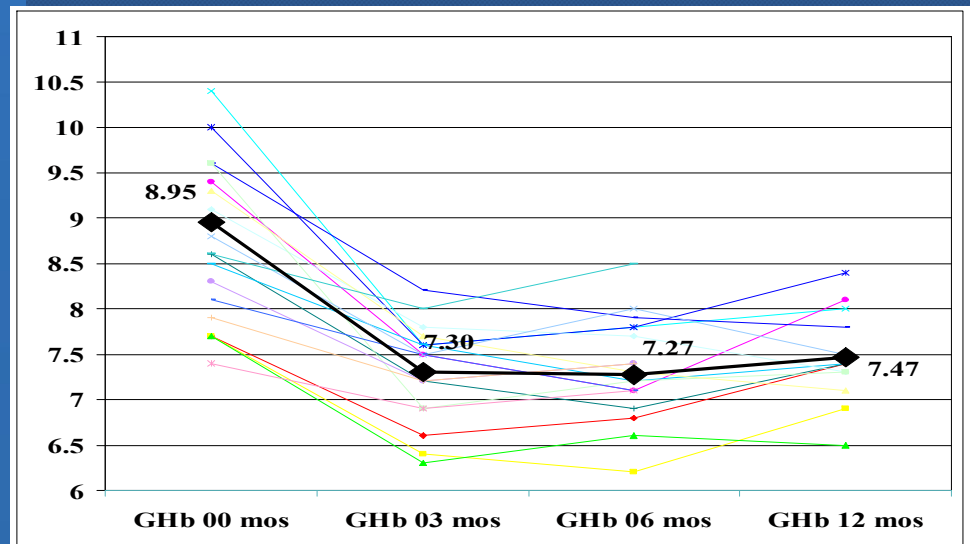


Results

Phase 1 HbA1c per Course



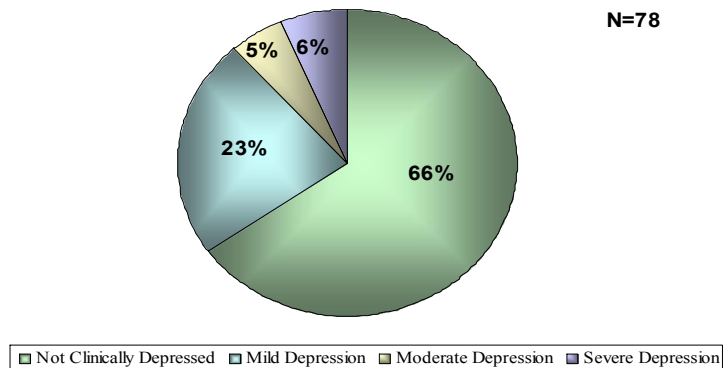
Phase I-HbA1c by Course



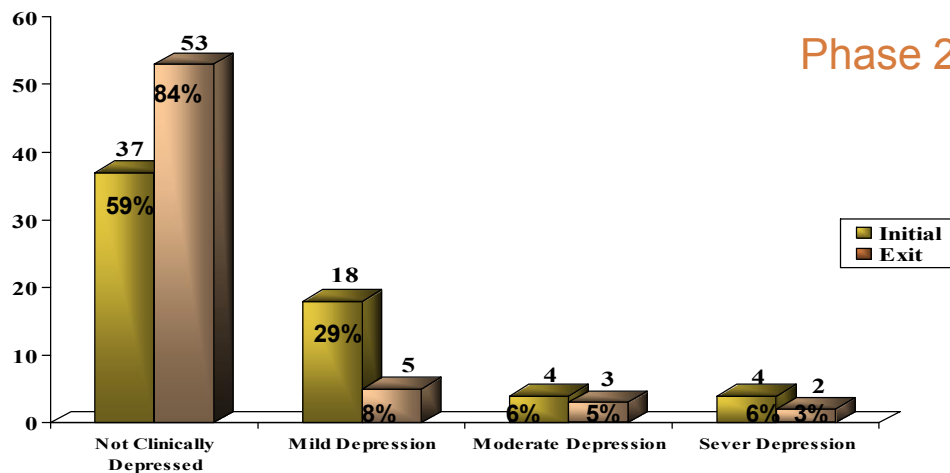


Results

Phase I



Phase 2





Lessons Learned



Fact: Out of 78 patients screened for Depression during phase I:

*6% severely depressed
5% moderately depressed
23% mildly depressed
66% not clinically depressed*

Fact: 77% of the patients that participated in SM courses in phase I had both diseases.

Benefits of integration:

**Maximizes Promotora's work time
*Removes barriers for patients
Depression information is introduced in more patient friendly environment



*The Role of CHW
in Self-Management of Emotional Health and Diabetes:
Lessons Learned*

- CHWs can serve as role models for healthy coping by taking care of themselves
- Involving the health care team in developing protocols/roles for CHWs is key to program success (e.g., only clinicians can diagnose mental disorders)
- It is essential to establish clear roles and procedures for handling emergencies (e.g., suicidality)
- Educational materials and activities should be culturally and linguistically appropriate
- The unique relationship between the CHW and the client lends itself to addressing emotional health