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DIABETES INITIATIVE
A National Program of The Robert Wood Johnson Foundation

Ongoing Follow Up and Support in Diabetes Self Management

www.diabetesinitiative.org

CDC Diabetes Translation Conference
Atlanta, May, 2007

DIABETES INITIATIVE
A National Program of The Robert Wood Johnson Foundation

Ongoing Follow-Up & Support in a Free Clinic

CDC – Division of Diabetes Translation Conference

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Homestead, FL
May 2, 2007
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Open Door Health Center

- Free clinic for the uninsured poor; 501c3
- Adult, Women's Health & Pediatric Care
  - 2,200 patients
  - 45,000 patient visits
  - 160 free surgeries
  - 150 volunteers
  - 200 students trained on-site
- $1.5 million in free services provided annually

Homestead, Florida

www.opendoorhc.org

Our Patients

- Mainly farmworkers in fields and packing houses
- Highest % uninsured in Dade County
- Demographics:
  - 72% Hispanic/Latino
  - 11% African American
  - 9% Haitian
  - 8% Other

Before "Prescription for Health"

Traditional Patient Care:

- Monthly Provider Visits
- Diagnostic Tests
- Podiatric Care
- Limited DSME from Providers
- Med Pickup
- Volunteer Nutritionist

With…

- *Limited DSME*
- *No exercise opportunities*
- *No "hands-on" education*
- *No peer support*
- *Limited family involvement*
- *Community not involved*
- *No variety*

Boring!

- Like having Black Beans without White Rice!

"It's a Cuban thing!"

Prescription for Health
DIABETES PROJECT

Project Staff:

Medical Director

Podiatrist – part-time

Program Coordinator, Nutritionist & Lifestyle Coach

Case Manager

5 Community Health Workers:

- **3 women, 2 men**
- **2 Mexican, 1 African American, 1 Haitian, & 1 Jamaican**

“Re-energized” Patient Care

“Personal Connection”

- Weekly Diabetes Support/Group Appointments
- Quarterly Diabetes Classes
- Staff exercise with patients
- Plus, ongoing medical care
- Community Health Workers

Services "On Demand"

- *Patients can "walk-in" to any program activity*
- *Patients have access to variety of "team" members*

- *"Team" can schedule patients for additional visits as needed*

"Monitors Needs & Promotes Access"

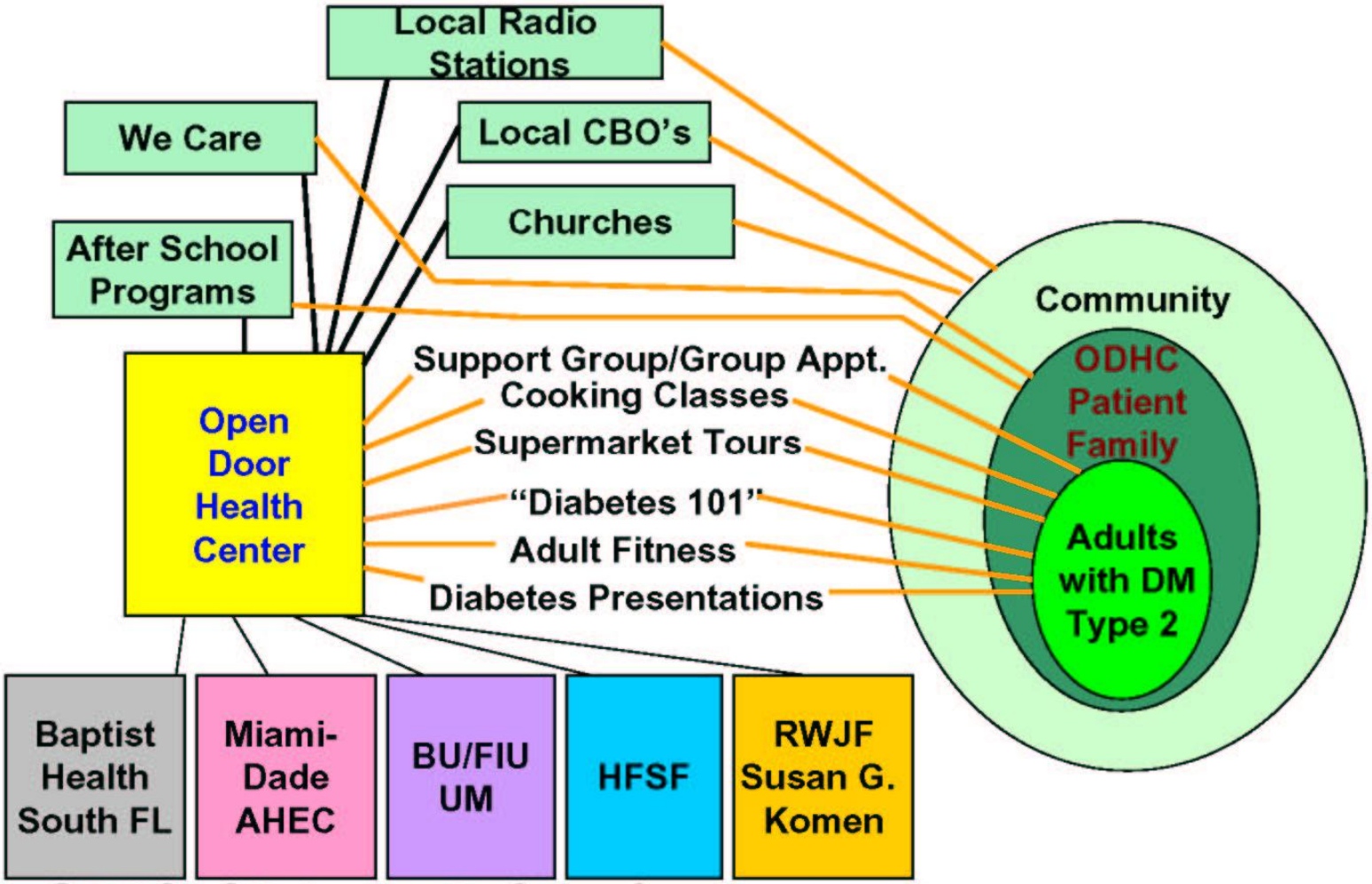
- Quality primary & secondary medical care
  - General medical
  - Podiatry
  - Woman's health
  - Nutrition
- Varied project activities to reinforce diabetes self-mgt.

"Not Limited to Diabetes"

- In-house clothing closet & food pantry
- Referrals to social service agencies
- In-house children's homework club & youth/teen outreach ministries
- Women's Health Program
- Referrals for "secondary & tertiary" healthcare

Nutrition Intern explaining the "Plate Method" to children from local Homework Club

OFUS on Three Levels



ODHC: Clinic as platform for community program

Prescription for Health
DIABETES PROJECT

Re-energized" Patient Care:

- Weekly Diabetes Support/ Group Appointments
- Bi-monthly Multi-Cultural Cooking Classes
- Quarterly Supermarket Tours
- Adult Fitness Classes 3/wk
- Diabetes 101 Classes
- Nutritionist/Nutrition Interns

With …

- **DSME reinforced in multiple ways**
- **Exercise opportunities 3x/week**
- **"Hands-on" education = FUN!"**
- **Peer support fostered & encouraged**
- **Family & Friends encouraged to participate**
- **Community outreach & education**
- **Variety of activities!!!**

Happy Patients & Staff!

"Now this is more like it!"

"Delicioso!!!"

Thank You!! *Gracias!!* **Merci!!**