# Starting a Diabetes Self-Management Program in a Multi-Ethnic Free Clinic Context

By:

**Nilda I. Soto MD**

**Program produced with a grant from the Robert Wood Johnson Foundation® Diabetes Initiative**

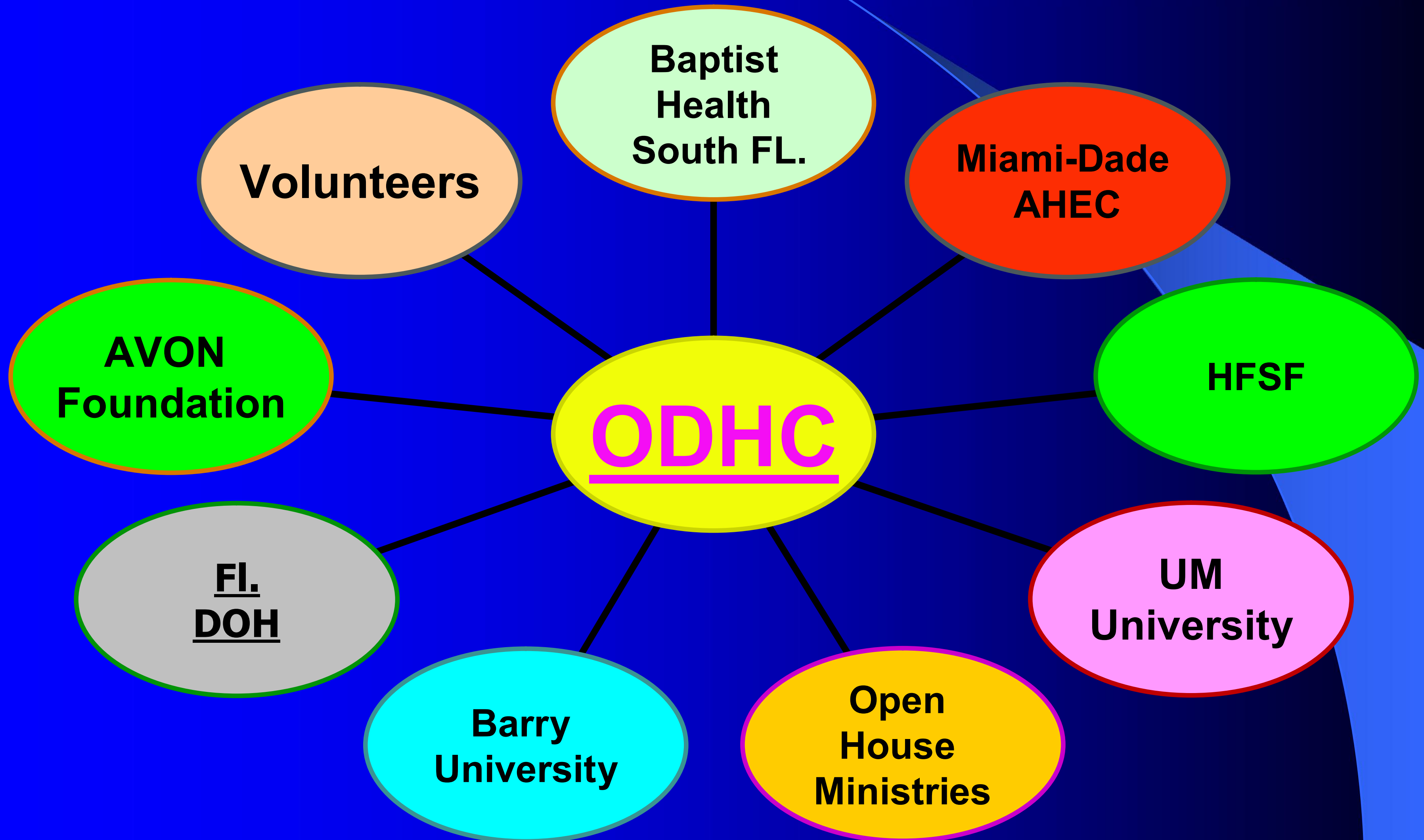
# WHY ?

- **High Number of uninsured living with Diabetes**
- **High cost of Caring for Diabetes**
- **High incidence of DM & its complications**
- **Problem affects us all**

# AN ALTERNATIVE ?

Prescription for Health
DIABETES PROJECT

# OUR INITIAL MODEL



# Free clinics = an opportunity to…

- ✓ Provide medical services to those in need, without managed care
- ✓ Provide a Medical training site
- ✓ "Give back"
- ✓ Follow "caring for the marginalized and needy ones" mandate:
  - Faith Community
  - Health Departments
  - CBO's & Medical Societies

# Free clinics = a Challenge

- Eligibility compliance
- Securing resources (ie. Diagnostics, Pharmaceuticals)
- Expanding services (ie. Admissions)
- Recruiting and retaining quality staff & volunteers
- Liability insurance coverage

# Free Clinics = a Challenging Opportunity

- ✓ **Reduce emergency room overuse**
- ✓ **Provision of quality comprehensive health services**
- ✓ **Management of complicated chronic illnesses**

# PROJECT GOAL

**"To improve adult type 2 diabetes Self Management in South Dade through community collaboration, with cultural competence and sensitivity"**

# STEPS

***Step One**: Measure knowledge, understanding and existing support.*

65 organizations were surveyed including :

- ✓ 15 local **health care providers**
- ✓ 17 area **churches**
- ✓ 13 popular local **restaurants**
- ✓ 20 local **CBO's**

# STEPS Cont.

***Step Two: Strengthen collaborations with other community agencies***

- ✓ **Diabetes Management Action Team (DMAT)** & a **Steering Committee** were established
- ✓ **Diabetes Resource Guide** created
- ✓ Increase **access to resources** (ie. at food closets & community gatherings)

# STEPS Cont.

***Step Three: Increase involvement of target population***

- ✓ **Patient Council** created and activated
- ✓ **Community Health Worker** component

# STEPS Cont.

***Step 4:* *Develop action plans that include culturally appropriate strategies***

- ✓ **cooking classes**
- ✓ **supermarket tours**
- ✓ **support/group appointments & walk groups with pre-post blood sugar checks**

# Steps Cont.

***Step 5:* *Use culturally Appropriate Educational Activities***

- ✓ **Popular Education Method** (simple, fun, participatory)
- ✓ Address **"perceived barriers"** – PSA's, appointments, presentations, role modeling
- ✓ Use **"target audience" sensitive communication** methods and tools.

# Steps Cont.

***Step 6:* Organize system of care**

- ✓ **Pre-plan scheduling system**
- ✓ **Ensure access to consultants**
- ✓ **Develop DM patient roster**
- ✓ **Organize medical records**
- ✓ **Implement case management system**
- ✓ **Collect and share appropriate data**
- ✓ **Make changes as needed**

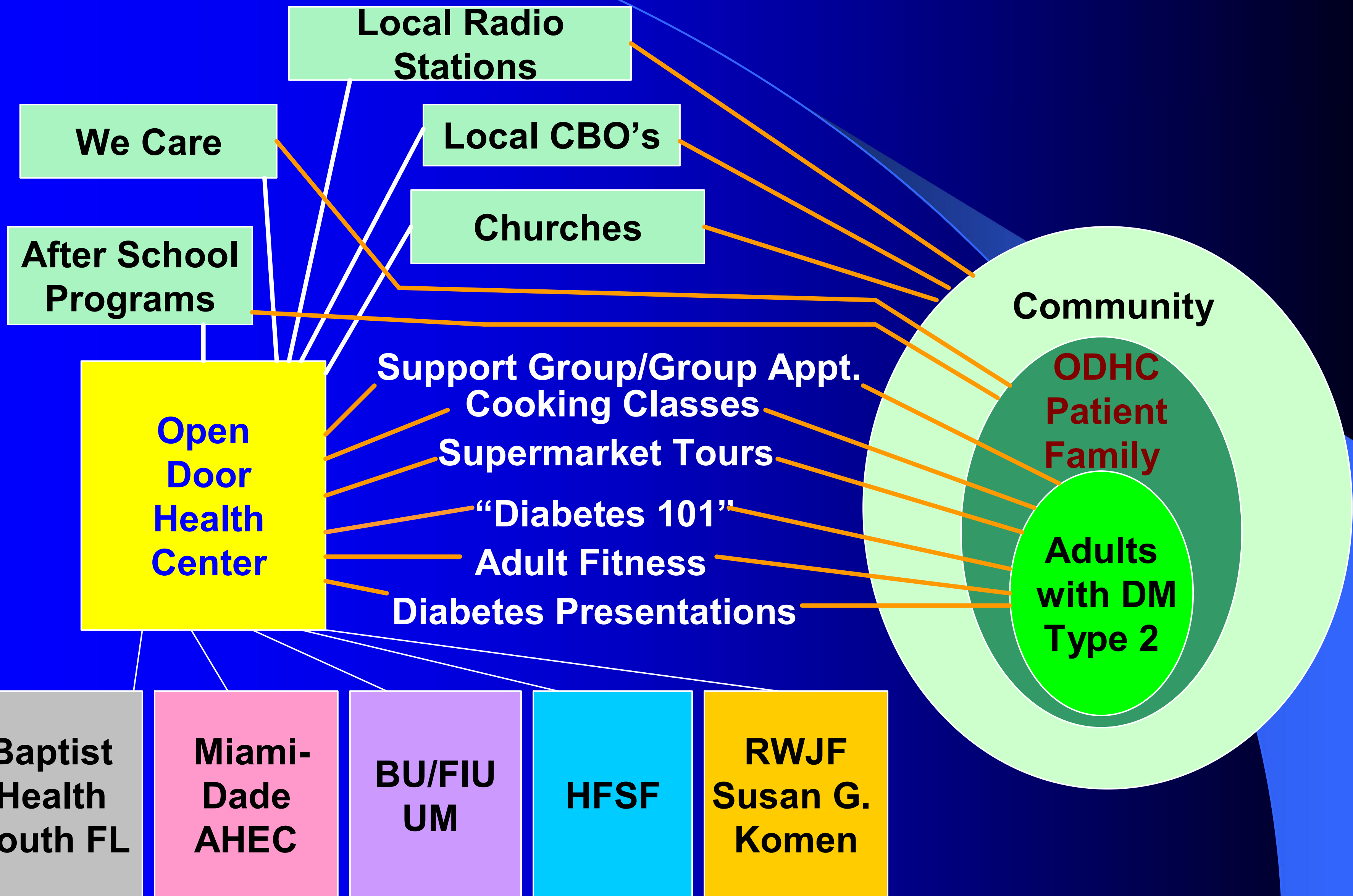
# ODHC SYSTEM OF CARE

- **Allows to focus on quality comprehensive health care**
- **AADE7 Self-Care Behaviors - basis for self management goals**
- **All program group activities are free and open to the public**

# CRITICAL FACTORS IDENTIFIED:

1. **System makes efficient use of limited staff resources**
2. **Medical records reviewed and organized as part of an organized system of care**
3. **Popular Education method**
4. **Peer mentors**
5. **Evening Group Appointments- 7.5 min/pt**

# OUR PRESENT MODEL




**ODHC: Clinic as platform for community program**

# "Creation of a successful system of care for patients with diabetes in a free clinic setting is possible through innovative collaboration and creative program design"

This product was developed by the Prescription for Health Diabetes Project at the Open Door Health Center in Homestead, FL.
Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.