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The Role of the *Promotora* in a Comprehensive System of Care

AADE Annual Meeting
Los Angeles, August 2006
Lourdes Rangel



Agenda

- Gateway Community Health Center
- **❖** Data
- ❖Integration of the *Promotora Model* into the Medical Component
- Results





Demographics







- Located in Laredo, Texas (along U.S.-Mexico Border)
- Began operations in 1963
- Center offers a wide array of medical care services provided by physicians and/or mid-level practitioners
- Over 75,000 medical, dental, and specialty care patient visits were provided in 2005 (172% increase in 5 years)
- Patient Demographics
 - 98.5% **Hispanic**
 - 98% of patients live below 200% federal poverty level
 - 63% uninsured

Mission Statement

"To improve the health status of the people we serve in Webb County and surrounding areas by striving to provide high quality medical, mental and dental care; health promotion and disease management services in a professional, personal, and cost effective manner."









Gateway

- 99% Hispanic
- 63% Uninsured
- 16% have diabetes

Texas

- 32% Hispanic
- 25% Uninsured
- 8% of Hispanic adults have diabetes

U.S.

- 13% Hispanic
- 16% Uninsured
- 13.6% of Hispanic adults have diabetes, almost twice that for non-Hispanic whites
- In Webb County, one in six adults has type 2 diabetes.
- Webb County also has one of the highest mortality rates for Type 2 diabetes in the state.
- Diabetes and Hypertension are the two main diagnosis at Gateway with 2,807 patients with diabetes and 2,303 with hypertension.







Collaborative Partnerships

- National Heart, Lung and Blood Institute
- Human Resources Services Administration
- Pan American Health Organization
- Department of State Health Services
- Robert Wood Johnson Foundation
- Pfizer Health Solutions Inc.
- Methodist Healthcare Ministries
- UT Health Science Center San Antonio-Dental School
- Friends of the Congressional Glaucoma Caucus



- Patients
- Family Members
- Medical Providers
- Certified Diabetes Educator
- Medical Support Staff
- Promotoras
- Board of Directors
- Administrators









Services for Patients with Diabetes

- Drug Assistance Program
- Dental Hygiene Services
- Medical Services
- Podiatry Clinic
- Minor Behavior Health
- Disease Management Courses
- •Diabetic Supplies (\$10.00 co-pay)
- •Yearly Eye Exam (\$20.00 co-pay)
- Assistance with Laser Surgery
- •Glaucoma Screening (Free)













Comprehensive System of Care for Diabetes and Cardiovascular Disease Management

Main Components

- Provider Internalization of Self-management principles;
- 2. An infrastructure that supports the volume yet provides some consumer choices regarding delivery;



- 3. A system of referral, follow-up, feedback and documentation that produces integrated and consistent self-management clinical practice;
- 4. A system that recognizes, manages chronic illness, and related negative emotions.







Promotoras (Community Health Workers) Self-Management Intervention

Topics Include

Diabetes Group Classes

10 week curriculum



Understanding what diabetes is

 Strategies and benefits of good diabetes control

- Importance of blood sugar monitoring
- Nutrition
- Lifestyle behaviors (physical activity, weight management, smoking cessation)
- Problem solving

- Medication
- Mental health
- Partnership with healthcare team
- Identifying and prevent diabetes complications
- Social support
- Preventive care
- Community resources

Support Groups

Reinforces topics from classes



Promotoras:

Assess patient needs

Individual contacts, as needed

Patient advocate

Liaison to healthcare Team

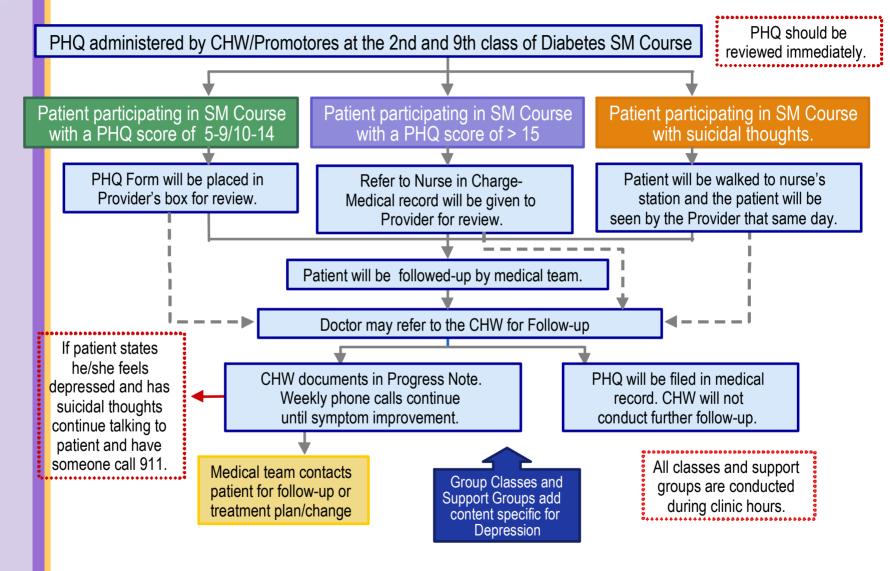
Documentation







CHW Protocol for Depression







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CHW TRAINING TOPICS AND EVALUATION

√ Clinic Site Orientation

✓ Medical Records ✓ Promotora Safety

✓ Diabetes Self Management ✓ Problem Solving

✓ Leadership ✓ Mental Health Training

✓ Time Management ✓ Stress Management

✓ Listening Skills ✓ Support Group Facilitation

✓ How To Make a Home Visit and Referrals
✓ Community Resources

✓ Advocacy ✓ Communication Skills

Evaluation

DIABETES INITIATIVE

➤ Skills List

≥3-month

➤12-month

300 Hours of

Training

➤Patient







Standard Care



scheduled

MD Visit

Assessment

MD Education (verbal and printed handouts) Treatment
Plan
Labs
Medication

Care Plan



MD Follow up 1 month:

Review labs & initial treatment plan



MD Follow up x 3 months, as needed

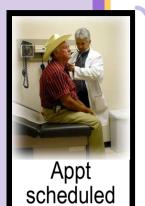








Care that Includes Promotoras (CHW)





Assessment

MD Education (verbal and printed handouts)

Treatment Plan

Labs Medication Care Plan

Referral to Promotora program



Group classes and individual support

Extensive Education

- Using glucose meter
- Education on medication
- How to check feet
- How to identify complications
 - Support for lifestyle changes



Review labs & initial treatment plan

Patient educated and more informed



MD Follow up x 3 months, as needed

MD visits are more focused, less follow up required

University in St.Louis
School of Medicine

OHNSON FOUNDATION:





Benefits of Promotora Program





To Providers

More efficient use of time

Improved diabetes control

To Patients

More time received on education

Improved health outcomes

Assessment of social needs/concerns

Individualized care

Reinforce treatment plan

Greater adherence

Extension of Providers services

Improved access to care

Health advocate / additional clinic services and referrals

Specific needs met by appropriate referrals

Implement clinical protocols



Improved quality of care





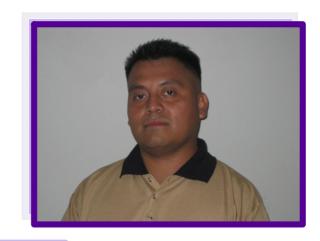




Success Story

Profile

- •Mr. Emilio Resendiz
- •Hispanic
- •30 years of age
- Patient since 2003
- Married



Medical History

- •Diabetes Type 2
- •Hypertension

Medications

- •Glyburide 1.25mg
- •Enalapril 2.5mg

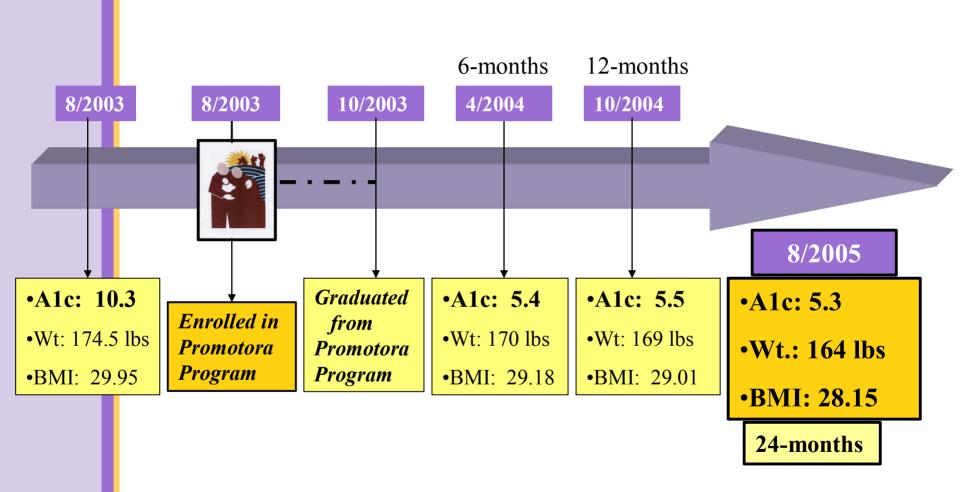
Medications

- •Glyburide 1.25mg (½ tab daily)
- •Enalapril 2.5mg (½ tab daily)





Success Story-Progress









Thank You!

Self Management is the key to good control of diabetes and emotional health...



important role.

