

This product was developed by the  
Advancing Diabetes Self  
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# Health Promoters use stages of change to improve diabetes in urban Mexican-Americans

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# *La Clinica de la Raza*

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- ◆ A community health center serving 40,000 patients a year
- ◆ 84% Latino, 8% Asian, 6% African-American, 2% other
- ◆ 85% < federal poverty level
- ◆ 7 service sites in Alameda, Contra Costa and Solano Counties (California)
- ◆ Medical, health education, mental health, nutrition services, case management, dental, optometry, x-ray, pharmacy and lab services.

# *Key objectives for involving promoters*

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- ◆ La Clinica has a long standing history of community outreach (Escuela de Promotores)
- ◆ Desire to integrate the work of Family Medicine and Preventive Medicine with Community Health Education
- ◆ Patients in our diabetes program with self management goals had the same A1c average as patients without goals.

Missing ingredient: health promoters to translate medical management into the patient's reality

# *Scope of work*

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- ◆ Provide culturally appropriate and accessible health education information and SMS
- ◆ Teach self management skills
- ◆ Follow-up on progress of patients and identification of needs for self management education
- ◆ Advocate for patient needs
- ◆ Lead or assist in weekly groups  
(depression, walking, diabetes education, support)



# *Key interventions*

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- ◆ Diabetes education classes
- ◆ Intensive self management support groups
- ◆ Depression group
- ◆ Walking club
- ◆ One on one counseling using ttm
- ◆ In-services for providers on ttm
- ◆ Case conferences included the promoters
- ◆ Diabetes clinic every two weeks with a promoter
- ◆ Very recent: Group visits

# *Addressing Barriers*

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- ◆ Language (mono-lingual) and literacy level
  - Found ways to engage less literate CHW in other ways
  - Constant practice and on-going training
- ◆ Lack of knowledge in key areas
  - On-going training (every two weeks)
  - Constant practice
- ◆ Lack of personal transportation
  - Provided bus passes for public transportation
- ◆ Lack of documentation, therefore they cannot be employees
  - Provide incentives
- ◆ Competing priorities in their lives, such as children
  - Provided child care during promoter meetings
- ◆ Health education is often not recognized as a reimbursable service.

# *Trans-theoretical model (TTM)*

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- ◆ Counseling methodology

Promoters and providers were trained in ttm and used it to stage patients and customize their intervention using processes of change

- ◆ Implementation

Patients were staged every 3 months for readiness to change

- ◆ Challenges

Use of processes of change was difficult to determine, and highly variable depending on promoter and provider



# *Key Accomplishments and key lessons*

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## Key accomplishment

- ◆ \*Improved hemoglobin A1c levels for the patients
- ◆ Created a cadre of highly effective promoters who are eager to use their skills in other ways to help the Latino community
- ◆ Integration of promoters with clinical services

## Key Lesson

- ◆ Promoters are passionate, empowered and dedicated people. They are effective translators of the clinical management of diabetes into the patients' reality. Once taught, they can transfer these skills to other chronic diseases.