

The Diabetes Equity Project

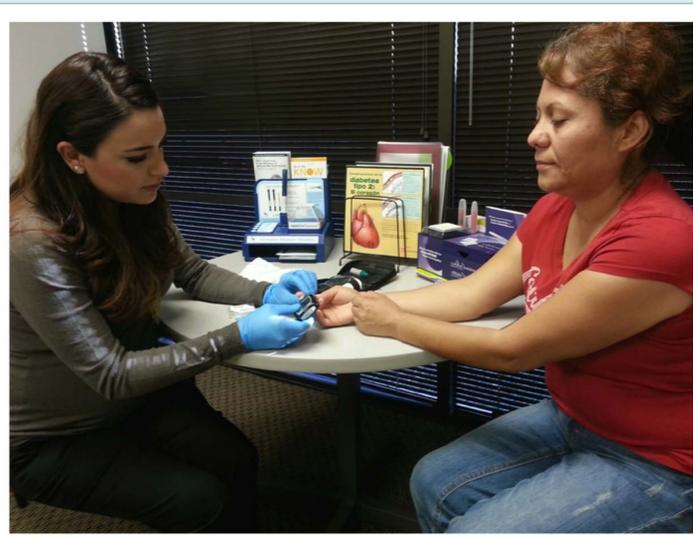
Baylor Health Care System (BHCS) in Dallas, Texas, created the Diabetes Equity Project (DEP), with funding from a Merck Company Foundation grant.

- **Goal:** reduce observed disparities in diabetes care and diabetes outcomes in the medically underserved communities surrounding BHCS hospitals.
- **Intervention:** the implementation of specially trained, bilingual community health workers (CHWs) embedded in the primary care medical home with the job title “Diabetes Health Promoter” (DHP).
- **Results:** preliminary analysis revealed that participating patients had a statistically significant reduction in mean glycated hemoglobin (HbA1c) levels and an increase in mean Perceived Competence in Diabetes Score one year post-baseline.

Diabetes Health Promoters

CHWs serve as **culturally-tailored and linguistically-appropriate** liaisons to the patient-provider relationship and increasing access to health services and education.

- The DEP features DHPs who deliver a structured diabetes education curriculum targeting barriers to diabetes management that Hispanics commonly experience in a series of 7 sessions.



Role of the DHP

Within the clinic, the DHP helps patients overcome limited health literacy that contributes to poor diabetes control and worsening health such as:

- Lack of knowledge about diabetes, including diabetic diet
- Lack of social support, physical activity
- Limited access to care

The DHP also serves as a source of social support that allows patients to create a trusting relationship with the DHPs and to be open and honest about the problems managing their diabetes, providing greater education and care opportunities.

“What [the CHW] is doing is vital because patients need this information. She can speak to things that are culturally appropriate, especially for the Hispanic patients.”

-Erin Sanders, NP at a participating DEP clinic

DHP Education Strategies

The DHPs use various strategies to promote patient understanding and management of diabetes. *The education is structured in a way that meets the cultural and linguistic needs of the largely Hispanic population the DEP serves.* **Educational tools include:**

- **Visual aids:** using food plates that demonstrate proper portion size and healthy food options
- **Medication support:** helping patients access medication and stay compliant; use of pill boxes to understand proper doses
- **Time:** spending sufficient time with patients to ensure their comprehension of diabetes management.
- **Motivational tools:** “Wall of Fame”

Perceived Competence in Diabetes

The **Perceived Competence Scale for Diabetes** (PCSD, Geoffrey C. Williams) is a 4-item questionnaire measured on a 7-point scale that evaluates how confident and capable a patient believes he/she is able to manage and control his/her diabetes. **The questionnaire:**

	1	2	3	4	5	6	7
	not at all true		somewhat true				very true
1. I feel confident in my ability to manage my diabetes	<input type="radio"/>						
2. I am capable of handling my diabetes now	<input type="radio"/>						
3. I am able to do my own routine diabetic care now	<input type="radio"/>						
4. I feel able to meet the challenge of controlling my diabetes	<input type="radio"/>						

*A person’s score on the PCS is calculated by averaging his/her responses on the four items.

DEP patients had significantly higher scores on the PCSD one year post-baseline. The mean PCSD score increased from 22.53 to 24.18 (n= 342, p<.0001).

Conclusions and Lessons Learned

The observed improvements in perceived competence in managing diabetes and clinical outcomes experienced by DEP patients indicate that the integration of DHPs into clinical teams to provide education and support to patients may be an effective strategy to improve chronic disease management, particularly in underserved populations.

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