



Influence of a Diabetic Counselor on Patients Living with Type II Diabetes



Naomi Breckon, Tina Thethi, MD, MPH, FACE, Patrick Johnson, MD, Charidie Menesse, RN, BSN, CDE, Lizbeth Perez Rodriguez

Project Goal

We hypothesize that the diabetic, Hispanic population of New Orleans will decrease their HbA1C levels, increase their knowledge about Diabetes Type II and feel more supported by the health care community by having consistent access to a primary care physician and a diabetic counselor with an interpreter during the course of a 12-month period.

Introduction & Background

The Hispanic immigrant population frequently does not have access to health insurance or Spanish-speaking primary care health care providers. In the greater New Orleans area, this patient population is managing the care of their as Diabetes low-cost clinics with limited resources and rarely have access to specific and long-term counseling about their care.

According to a 2014 study by Diabetes Care, 18.3% of Mexican immigrants in the United States have Type II Diabetes. The CDC estimates that 21% of the entire Latino and/or Hispanic population in the United States under the age of 65 do not have access to health care.

Current standard of care includes counseling patients on changing their diet and sedentary lifestyle to help achieve optimal blood glucose targets, as well as prescribing the appropriate medical treatment. However, the median time that primary care physicians are able to spend with their patients is 15.7 minutes.

Aim

Determine if standard of care for immigrant, Hispanic Type II Diabetics should include diabetic counselors.

Data Prior to Study Protocol

DEATHS FROM TYPE II DIABETES (US) PER 100,000

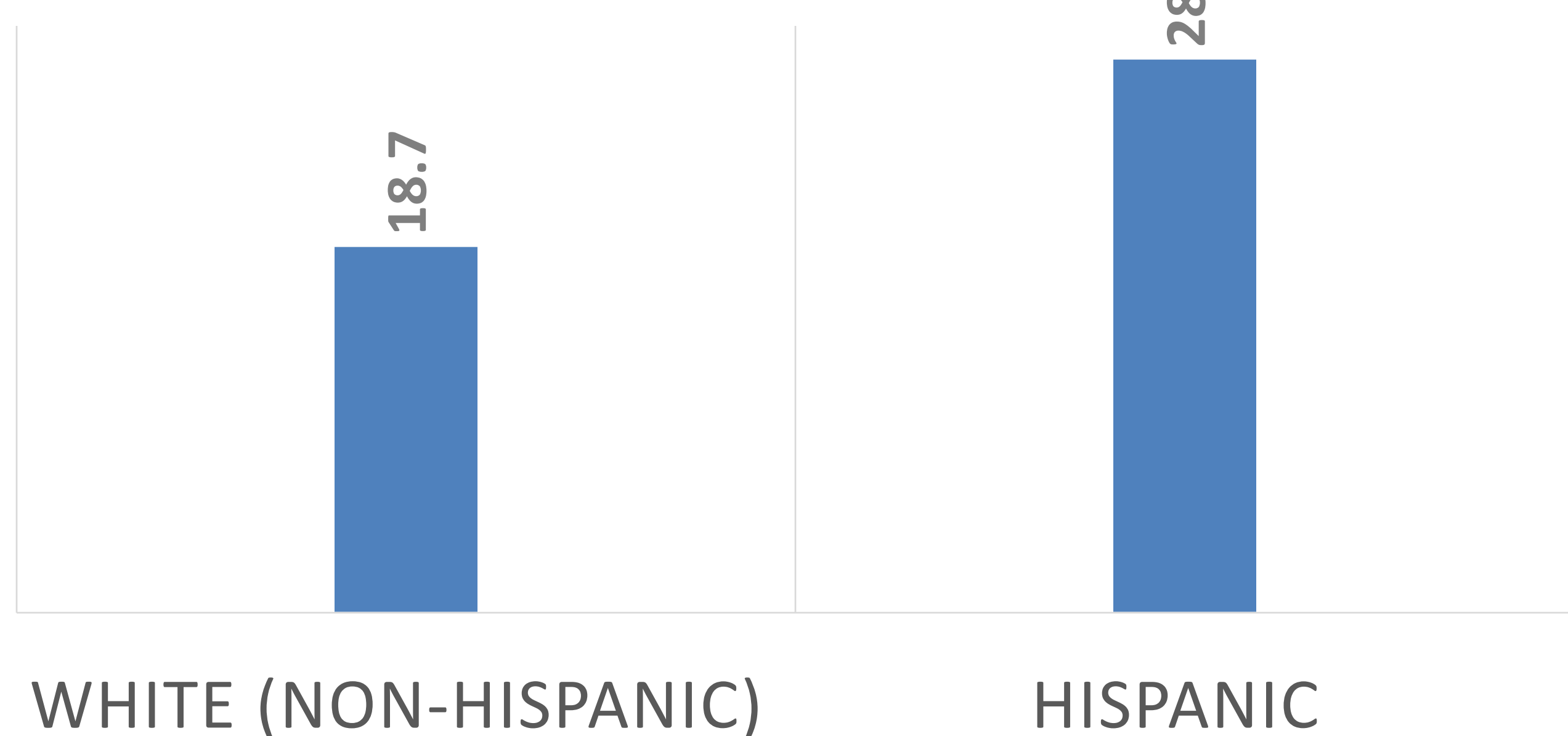
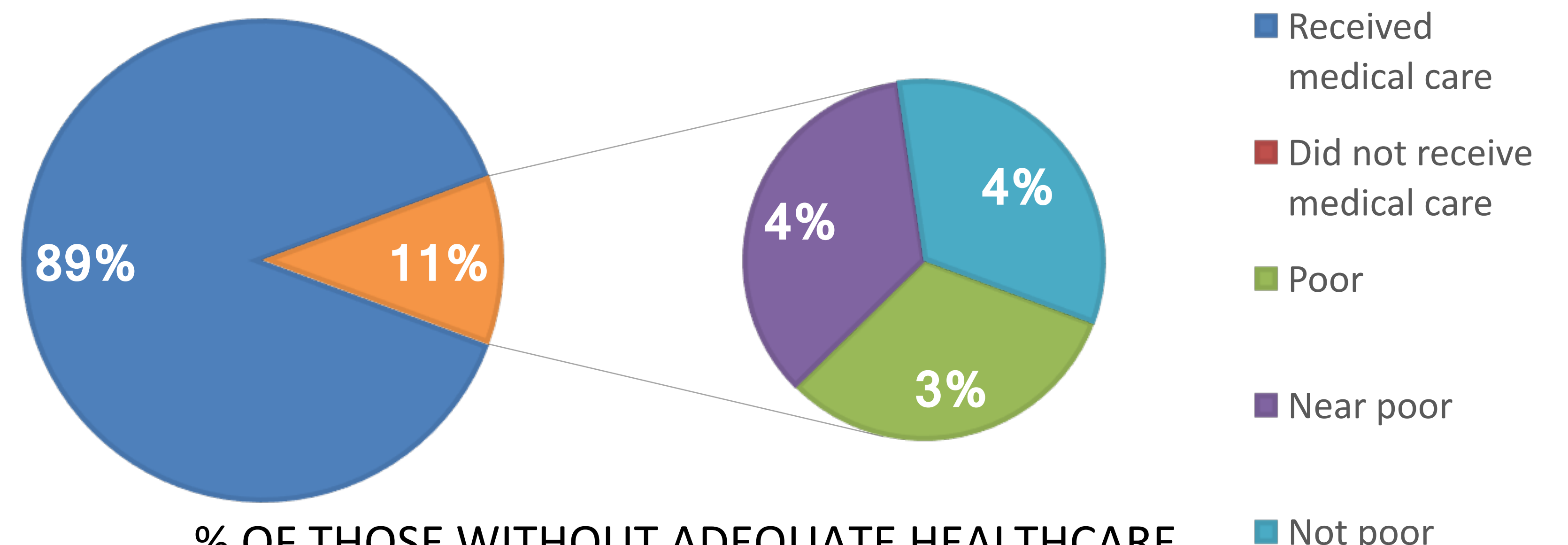


Figure 1 (Above): CDC data that Hispanics are 1.5 times more likely to die from Type II Diabetes in the US than white, non-Hispanics. (1)

% OF HISPANIC AMERICANS THAT DID NOT RECEIVE ADEQUATE HEALTHCARE



% OF THOSE WITHOUT ADEQUATE HEALTHCARE WHO HAVE OVERALL HOUSEHOLD INCOMES THAT ARE CLASSIFIED AS "POOR"

Methods

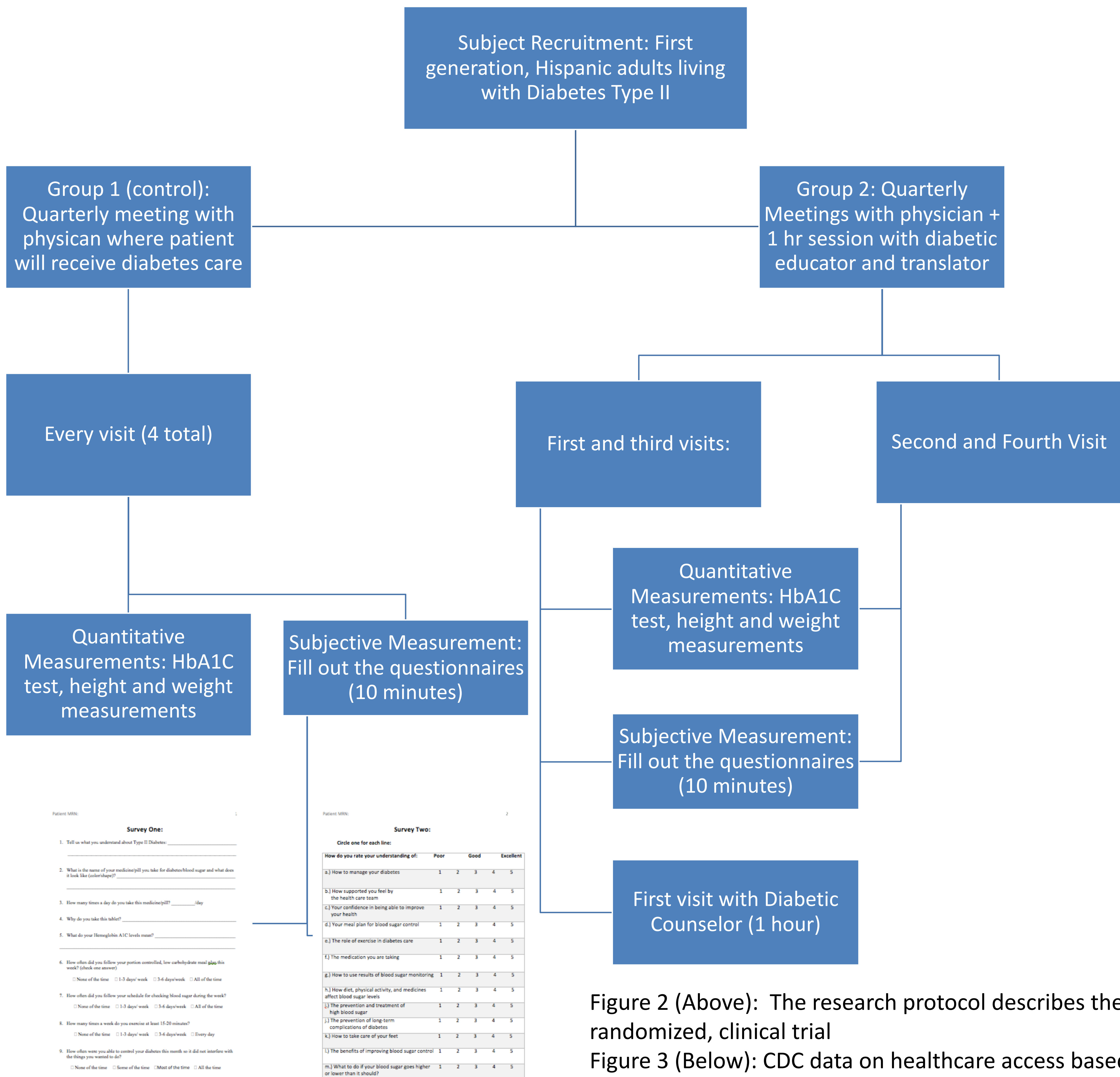


Figure 2 (Above): The research protocol describes the randomized, clinical trial
Figure 3 (Below): CDC data on healthcare access based on race and income (5)

Challenges

- Cultural and language barriers
 - Interpreters will be used at every step and all associated documents are translated into Spanish
- Subject retention throughout the 12 month study
 - All participants will get reminder phone calls and will be followed individually

Sustainability

The clinic where we are conducting the study, at Belle Chasse Access Health Louisiana Clinic, currently offers Diabetic counseling to their English speaking patients. Upon the conclusion of the study, we will send the data to other clinics and help coordinate Spanish interpreters for their Hispanic patient population.

References

- Dominguez, Kenneth. *Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health Services Among Hispanics in the United States—2009–2013*; 2015. Available at <http://www.cdc.gov/mmwr>
- Standards of Medical Care in Diabetes—2015: Summary of Revisions*. Diabetes Care Jan 2015, 38 (Supplement 1) S4; DOI: 10.2337/dc15-S003
- Tai-Seale M, McGuire TG, Zhang W. Time Allocation in Primary Care Office Visits. *Health Services Research*. 2007;42(5):1871-1894. doi:10.1111/j.1475-6773.2006.00689.x.
- Schneiderman, Neil. "Prevalence of Diabetes Among Hispanics/Latinos From Diverse Backgrounds: The Hispanic Community Health Study/Study of Latinos (HCHS/SOL)" *Diabetes Care*. April 2014, 40(4)
- National Center for Health Statistics. "Summary Health Statistics: National Health Interview Survey". *Center for Disease Control FastStats*. 2015, Table P-11a. < <https://www.cdc.gov/nchs/fastats/hispanic-health.htm>>
- A narrative systematic review of factors affecting diabetes prevention in primary care settings. Messina J, Campbell S, Morris R, Eyles E, Sanders C. PLoS One. 2017 May 22;12(5):e0177699. doi: 10.1371/journal.pone.0177699.