

**Border Health ¡SI!  
Special Action Group  
August 13, 2003**

**Welcome and Introductions**

Marilynn Johnson welcomed and thanked everyone for attending. She introduced Stuart Cohen, Associate Dean of the Mel and Enid Zuckerman College of Public Health and Rebecca Drummond from the College of Public Health.

**Border Health ¡SI! Update**

As the funding phase for the Border Health SI Initiative Grant comes to closure, a forum will take place on October 29, 2003. Planned by the MEZACOPH, SAG members are invited to attend the forum; however due to the lack of funds overnight lodging is available for only two members from each SAG in Yuma, Douglas and Nogales. Border Health SI partners, such as SEAHEC and Mariposa Community Health Center, other major players who work directly with Border Health SI or its components and the Technical Team were also invited to attend. Discussions will include the grant's successes and challenges. SAG members are encouraged to attend.

In addition, Joel invited SAG members to attend the Community Advisory Board (CAB) meeting on October 28, 2003 at the University Sarver Heart Center. The CAB is an advisory board that works with the Southwest Center. SAG members are encouraged to attend the meeting. Overnight lodging is available for two the night of the 28<sup>th</sup> so SAG members can attend the October 29 Border Health ¡SI! Forum.

The SAG Group in Yuma continues to move forward with their policy goals. The SAG group will have a county forum on October 31, 2003 with city council, legislators, and other in the community to talk about the accomplishment from one year ago.

**Action Plan 2003**

SAG members divided into two subcommittees, the policy and activities group, for discussion.

Activity Group members included Rosie Piper, Gwen Gallegos, Suzanne David, Minnie Almader, and Dina Sanchez.

Rosie Piper will prepare and disseminate minutes in detail for the activities group.

Dina Sanchez will email a generic proclamation for Major Marco Lopez Jr. to Marilynn for feedback.

Kathleen Vandervoet, Editor for the Nogales International will introduce ¡Andale, Muevete! with an article on what is Andale, Muevete Team Competition. Then, a series of healthy articles will be printed in the newspaper. The series will begin with an article about diabetes by Gwen Gallegos, second article will be Yoga by Minnie Almader, third is Healthy Eating by Dina Sanchez and the fourth article has not yet been determined. Moreover, on a weekly basis Kathleen will print team scores.

## **Border Health ¡SI! Improving Diabetes Care Provider Component**

Policy Group members included guest speakers, Stuart Cohen and Rebecca Drummond, Jill de Zapien, Joel Miester, Rich Polheber, Lee Bley, Marilyn Johnson, Karen Halverson, and Carmen Flores.

Stuart Cohen presented results for the Border Health SI Patient Provider; the component is to help community health centers improve diabetes care and identify gaps in diabetes care. Therefore, each CHC had to:

1. prioritize goals for diabetes care
2. review current practice
3. identify gaps in care
4. develop and implement strategies to reduce gaps

The results are from two Community Health Centers, Mariposa C.H.C in Nogales and Sunset C.H.C in Yuma. Each CHC developed priorities that would improve diabetes care, each randomly selected seventy-five medical charts of Diabetes patients for chart review, and each met with physicians and office staff to discuss and reduce gaps in care.

Strategies included 1) developing a flow sheet that would be included into a diabetic patients chart and developing an empowerment card, patients would bring their card to each doctors visit. The empowerment card gives a diabetes patient personal commitment and awareness so he or she can remind physician about needed test such as a visit with an ophthalmologist. Only one CHC had to develop and implement a flow sheet. The other CHC opted to add a diabetes sticker on their existing general flow sheet.

Overall, results show significant progress was made however; more progress needs to be made. In addition to the current data, preliminary data also exists and is good. Progress was made in the following areas: hypoglycemia monitor, Blood Pressure, Annual HbA1c, Annual Diet Discussion, Cholesterol levels, and ophthalmologic referral.

Recommendations:

Stuart's recommendations are:

1. SAG can help insure funding exists for similar programs and patient awareness as of what is available for them.
2. Encourage policy makers to continue with the patient component or a similar program so that gaps in care continue to decrease.
3. Continue to empower patients to speak up and talk with their physicians as to what their needs are as a diabetic and make sure they get their test done.

Other recommendations:

1. Have statistics on the use of empowerment card.
2. Give Presentation of: The Border Health Provider Component to physicians at Mariposa Community Health Center, so they can become aware of their improvements and continue to improve diabetes care.
3. Broaden the use of the empowerment card by network resources or have patients create an empowerment card of their own.
4. Develop a strategy as to how physicians can focus on diabetes prevention and intervention, since SAG is focusing on prevention and intervention.

## **Border Health ¡SI! Family Program: La Diabetes Y la Unión Familiar**

Rebecca Drummond presented the results for the Family Program. The objective of this program was to build family skills to support a family member with diabetes and promote primary prevention behaviors in family members by providing education in nutrition, physical activity and family goal setting. Initially the Family Program curriculum developed a group-setting format, however Promotoras in Yuma found the home visit format more effective, therefore the curriculum was adapted for individual group setting for Promotoras in Yuma. Promotoras in Nogales continued with the class setting format. The program sequence was three home visits, five educational sessions and two celebrations.

Participants included 72 families with total participation of 249 families. Family supporters included adults and children; adults being the highest supporters and the daughter being the strongest supporter rather than a diabetic spouse. The delivery mode from home visits vs. group setting showed to be more effective.

Outcomes vary due to the delivery mode of home visits vs. group setting, as well as many other factors. The creation and writing of the Family Program curriculum was from scratch therefore the curriculum was modified to fit each delivery format. Overall the program was a success.

Rebecca's recommendations are:

1. Continue with programs that promote family communication about diabetes risk factors and health behavior change
2. Address social isolation and depression
3. Implement support groups as a follow-up for the "*La Diabetes y La Unión*"
4. Continue family discussions
5. Reinforce concepts learned

Other comments and recommendations:

It is important for future intervention programs focusing on Diabetes Prevention and Intervention that a Family program such as "*La Diabetes y La Union*" would be a benefit and support for a diabetic patient. It was suggested that a self-learning packet be developed so people wouldn't have to take the time to attend classes?

There is a cost analysis that can be used for future programs that shows the cost between the two methods of delivery formats.

### **Closure- Next meeting**

The next SAG meeting will be September 24, 2003, at the United Church Village and the MEZACOPH Technical team will be conducting a discussion with SAG. We hope all members will attend.