

# sustaining health

## Promotoras de Salud – Helping Fight Diabetes in Texas



Migrant worker in Mercedes, Texas.

The statistics are alarming. In Texas, the prevalence of diabetes among Hispanic-Americans over the age of 18 is nearly double the rate nationwide, and the incidence among uninsured Hispanics there is closer to one out of every three.

For Otila Garcia, a former Mexican schoolteacher who migrated to Laredo, Texas, seven years ago, the need to do something about diabetes made it easy for her to decide what kind of teaching she wanted to do next. As a *promotoras de salud* trainer at the Laredo Gateway Community Health Center, her focus is on teaching other community-based health care workers – *promotoras de salud*; literally, promoters of health – to work with the local Hispanic community to improve health habits, promote self-care, encourage proper diet and exercise and make certain that people stay on their diabetes medications.

“The *promotoras* are successful because often either they are diabetics themselves, or they have family members who are diabetics,” says Ms. Garcia. “They speak at the same level as the patient because they have seen the problems firsthand. So, in the classes we hold at the Center, patients accept what these *promotoras* have to say.”

Adds Lucy Garcia, the local program director, “We’re all affected by diabetes, either ourselves, or we have a mother or husband who is affected. And as Hispanics, we are all at high risk, so self-management is key.”

At Laredo, a training program for *promotoras* on diabetes self-management is being funded, in part, by the Bristol-Myers Squibb Foundation. The Foundation efforts serve as a model for private/public partnerships by also involving two federal health agencies as well as Migrant Health Promotion, a community-based nonprofit organization that is the grant recipient, along with various state-funded health care centers. It is hoped that with two years of funding, this model may one day be used in other parts of the country with large Latino populations. Similar programs are already under way in California and Florida, also with support from Bristol-Myers Squibb. The goal everywhere is to reduce the health disparities that exist between the clinical outcomes of minorities – including Hispanics – and people in the general population diagnosed with diabetes. Minorities may not have the same access to health care as the general population and so are prone to greater life-threatening complications from diabetes.

The Foundation grant is being used to train *promotoras*, providing them with the information they need to work on teams with nurses and physicians in local community health centers. Eventually, these health workers are expected to move out from the centers into the *colonias*, poor Hispanic communities that abut the border between Mexico and the United States, where many migrant workers live without plumbing and with few social or health services – but where diabetes has reached epidemic proportions.

At the Laredo Gateway Health Center, there are only two *promotoras* – but eventually more will be trained. And these *promotoras* programs are working. The success of a diabetes management program is measured by the reduction in what’s called hemoglobin A1C. The average hemoglobin A1C when patients were first enrolled in one study where *promotoras* were used was 12, where 6 is normal. At 12, patients face serious medical problems, including the possibility of a diabetic coma or the need to have their lower legs amputated.

Yet, the study found that in one year, those people moved to levels of 8.3. “That is absolutely remarkable in a population without health insurance, where language is a barrier. When I first saw these numbers, I was skeptical. Then I started to go out to the clinics. I met the *promotoras* and got to see their passion for these people,” says Joe Smith, M.D., medical director, Healthcare Channel Management, Bristol-Myers Squibb.

Adds Patricia Duquette, Ph.D., a director at the Bristol-Myers Squibb Foundation, “The primary caregiver for a patient with a chronic disease is the patient. What that means is if you’re going to have a positive impact on these patients, you have to give the patients the tools so that they can be in charge of managing their disease. The classes the *promotoras* run provide training to those patients.”

Lucy Garcia agrees: “We’re seeing lower blood levels; people are starting to exercise and change the way they eat. We try to be culturally sensitive, dealing with the everyday foods that our population eats and pointing out what’s good for them and what isn’t. Now that people are attending the self-management classes run by the *promotoras*, they’re starting to feel good about themselves. That is what’s really important.”