Understanding Diabetes in the Hispanic Community

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Background

- In the U.S., 12.8% people aged ≥20 years with diagnosed diabetes are Hispanics, 7.6% are non-Hispanic Whites
- Research shows that Hispanics were significantly less likely than non-Hispanic Whites to take medicine to lower cholesterol, but were more likely to test their blood glucose regularly in an older California sample
- The current body of literature supports primary care strategies aimed at effective provider-patient relationships on management of Latino patients with type 2 diabetes
- A recent study found that culturally tailored diabetes self-management education is an effective strategy for improving glycemic control in Mexican Americans

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Latino Type II Diabetic Quality Improvement Program

- Objective: to improve health outcome of culturally diverse patient populations with type II diabetes through the mutually agreed upon resource interventions
  - Improve patient activation
  - Increase the Health Care Team (HCT) cultural awareness
  - Enhance HCT-patient communication
- This program is intended to improve patient health outcomes by utilizing Merck informational resources that support both patient and HCT education

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Procedures: Medical group sites

- Recruit medical group sites to the study
- HCT will provide de-identifiable patients electronic medical records to USC for further analysis
- HCT will also recruit patients to the program
- HCT will receive 7 waves of educational resources
- HCT resources include adherence efforts, HCT-patient communication, culturally engaging care, and patient-centered care
- HCT will complete a based line (at enrollment) and follow up survey at the end of the program

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Procedures: Commercial insured patients

- All eligible patients at the selected medical group sites will be asked to opt in to the program
- At the time that the patient opts in, the patient will also be given the option to choose the delivery platform from which they will receive their resources (print or electronic)
- The patient interventions will include 4 waves of resources every two months
- The patient education resources include diabetes basics/diabetes self-management, adherence, lifestyle modifications on healthy eating and physical activity
- Patients will complete a baseline (at enrollment) and follow up survey at the end of the program

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Data collection, delivery, analyses

- Each medical group site's IT staff will extract 6 months of data for persons with type II diabetes to determine eligibility for enrollment
- At the end of the study, 12 months post enrollment data will be extracted and delivered to USC for further analyses
- Outcomes assessment will be based on selected common quality measures including HEDIS comprehensive diabetes measure data, adherence data, hospitalization admission and readmission rates, and qualitative measures (patient and HCT surveys) at baseline, and post program

Responsibility of party

- Each medical group site will
  - 1) provide patients' medical data to USC
  - 2) recruit patients to the program; and
  - 3) deliver the intervention materials and surveys to HCTs and patients
- USC will be responsible for maintaining study databases, will perform all analyses, and prepare reports